

THE
CINCINNATI
MEDICAL NEWS.

EDITED BY

J. A. THACKER, A. M., M. D., F. R. M. S., LOND.

Fellow of American Academy of Medicine, Etc.

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CINCINNATI, OHIO:

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ORIGINAL CONTRIBUTIONS.

The Practice of Medicine: a Business or a Charity?

BY E. H. COBLEIGH, M. D.

FROM time immemorial the expressions, "our noble calling," "our grand life-work," "our mission of charity," and similar sayings, have been heard from the lips of medical men and seen in the prints of the day. Seemingly, the profession rolls these terms as sweet morsels under its tongue. They have grown into stereotyped expressions for our literature, our public gatherings, and our private meditation, until neither seems complete without them. And as they have grown in general use, they seem to have kept up a like ratio of growth into pure reality, until familiarity has, or soon will, breed contempt. Is it not time to call a halt, time to cease this display of professional egotism, and get down from the heights of theory to the humdrum realities of practicability and fact?

For my part, I am tired of this nonsense and twaddle. We belittle, instead of aggrandizing ourselves, by all such cant and sentimentality, and while claiming our rightful meed of public prestige, as a legitimate and honorable profession, let us cease to longer make ourselves ridiculous. Let us step from the pinnacle of superstition to the level of our co-laborers in other professions equally as reputable, and less self-laudacious, than ours. Business is business; let us get down to it in a business manner, and prosecute it diligently in accordance with the rules governing other affairs.

I was perusing an article in a Chicago medical journal, some time ago, on the relations of physicians and drug-

gists, and was impressed with the similarity of the writer's views—so far as they go on this subject—and my own. He argued for the dispensing of our own medicine as a business matter, and his ground, to my mind, was well taken. I am glad to see some who are not afraid to speak out, although their sentiments come in conflict with the preconceived and inculcated notions of the masses, even though they run against and demolish old landmarks. No religion was ever so sacred but some free-thinker rose up and assailed it; no doctrine ever failed to awaken skeptical opposition. And though at first these pioneers of thought seemed in error—sometimes really were wrong—and their teachings apparently did harm, yet they actually accomplished good, by controversy, either in establishing the more firmly existing truths, or introducing a new and better order of things. This is an age of progress and intense practicability. Landmarks and theories, unless useful and true, must go by the board. Errors must fall before an approach to truth if not truth itself. Is not the ideal, of our extremely matter-of-fact calling, an error, and ought it not be rooted out? Is it not clogging us, and working harm? Let us reason together and see.

What are our true relations to the people? I hold that, in public opinion at least, we occupy a false position. It is time, has long been time, for a radical change in this matter, though I do not expect it to be accomplished all at once. It came and took root slowly, and must go in the same way. But we, as a profession, are largely responsible for the error, having been active in blazoning it before the people, until it is inculcated beyond our power of sudden eradication, and now we should shoulder the responsibility, and boldly begin the tedious labor of undoing our own, and our predecessors' mistake.

Let us see how this false impression of our professional relations springs up and is propagated. A young man, who has perhaps all his life heard more or less of the "grand profession," etc., of medicine, concludes to adopt it for a business. From the initial point of his studies, first, his preceptor, and later, the faculty of his school, and the public, drum into him that it is almost a divine institution, the holy of holies. Such instruction goes on. Every man choosing this magnificent avocation is likened to a demi god, compounded of colossal wisdom, endless

patience, tireless self-denial, unbounded charity, capable of defying (in person at least) every known sanitary law in the prosecution of his arduous, but noble, calling; able to bear crosses joyously, content under poverty and privations, thriving on irregular hours, enduring every hardship cheerfully, and amply recompensed for it all by the privilege of going about doing good, and that self-gratification of conscious duty well performed. This idea comes to him by degrees, partly from teacher, partly from an admiring public, and is partly conjured up by his youthful fancy. The standard of excellence is seldom applicable to those physicians of his immediate acquaintance, especially if they happen to be competitors of the preceptor (!), but is applicable to the profession at large, and he firmly resolves to live up to it, always, however, with a mental reservation, and an expectation that his personal merits will render him an exception to the general rule of impecuniosity, and enable him to make money along with all his philanthropy. Thus the ideal grows, built upon romance, the æsthetic physician, a paragon of excellence, blending virtues, natural and supernatural, a missionary to all people. The student imbibes it, the maturer practitioner spouts it, and the people applaud. Now, this is mostly false and all wrong, I have heard these absurd theorems, in substance, if not in literal expression, from boyhood to the present hour. Once I believed them, but now I am disgusted to hear people of average intelligence, and some of them physicians, too, indulging in such baseless platitudes.

I would not lower the dignity of my own profession one whit. I appreciate what of merit and good there is in it, and to a reasonable extent I applaud its heroism and self-sacrifice. When we go beyond this point, like a Don Quixote of old, we enact a mere farce, descending from the sublime to the ridiculous. Why seek to put, or to keep, the ideal of our calling way up on a mythical plane, far above anything attainable by the human nature of this age? In our practice we are expected to manifest and be guided by sound common sense. Let us apply like rationality to the matter now under consideration.

Most persons select medicine purely as a business matter. They go into it for the purpose—some for the sole purpose—of earning a livelihood, just as the editor, the merchant, the artist, the mechanic, goes into his particu-

lar avocation with that end in view. This is well and good. A few see farther, and, in addition to the livelihood, perceive an opportunity to elevate their minds, and do a trifle of good in the world as they go along. This is better. Only a very few go into it from a missionary spirit alone. Yet, in theory, the whole thing is based on these latter ideas.

My acquaintance with medical men, including all of the "pathies" and "isms," has been rather extensive, embracing the various grades of talents, and covering several States of the Union; and my experience, resulting therefrom, leads inevitably to the conclusion that physicians are *very like other men* in nature. They are swayed by the same impulses, harbor kindred passions, manifest the same likes and dislikes, the same ambitions and prejudices, and seem to hold a common heritage with the rest of mankind. Of course our peculiarity of education, training and habits of life modify us some, as does the like process in other lines of intelligence and business. But there are no more heroes, no more intellectual giants, no more real philanthropists in our ranks, than abound in the same ratio among the devotees of kindred callings in professions or in trade, here or elsewhere. We are doctors, but we are human still. We are doctors for money, doctors for influence, doctors for fame, and "some there be" who are doctors for good, for charity, for Christ's sake. Is it out of the natural order of mundane affairs that all should belong solely to the latter class, doing what they find to do for the mere hope of reward in the life to come. We must be fed and clothed, as also our families, and as in other pecuniary matters, so with us, we must observe the sound laws of financial self-protection, even where sometimes they may conflict with the precepts of philanthropy.

Let us study the case as it actually exists. The newly-fledged M. D. leaves college, diploma in pocket, and locates in his chosen field of work. He has no practice, of course. If he is dependent on his own resources alone for a start, he must be patient. The paupers and those dead-beats who are in debt to his previously established competitors soon flock to him for treatment, with, perhaps, an occasional patron of standing and means. He needs practical experience, and welcomes all alike for the benefit to accrue to himself in clinical observation and experiment.

Beyond this, he sees the opportunity to get before the people in an humble way, and establish influence and reputation. There is some trifle of charity in his motives, perhaps, but it is mainly "self" after all. A few months, a year, or maybe two, pass, he begins to press for pay, if financially needy. (If otherwise, the chances are that he won't dare to present a bill, for fear of losing friends.) The paupers can't pay, the dead-beats won't pay, and probably the better patrons stave him off to a more convenient season. They have rent to meet, or taxes, or stock must be bought, and a score of other excuses; and he will wait, of course; he is a doctor, they all wait; he must be rich anyway, for he gets two dollars a visit, and can make ten or twenty a day; that foots up an income of at least \$3,500 a year. Gracious! what a profitable business it is; and he is only just starting, too, with lots of patients.

Poor fellow, he begs and coaxes (or, oftener, borrows on the hope of the future, if his credit is sufficiently good), gets a small windfall occasionally to eke along on, and toils as before. If he cuts off the paupers, execration is heaped on his head by the wealthy citizens. The dead-beats are many of them members of the middle class of society, possessing some influence, he dare not cut these for fear of ulterior reaction to his own disadvantage. The better class—well, who ever heard of a doctor suing on a medical bill? Tersely, through personal need and ambition, he is the creature of necessity, fraud and caprice on the part of his three several classes of patrons, a mere puppet in their hands. This is absurd, puerile, yet true, and the people expect nothing else. It is somewhat on a par with the following: Having named over the several physicians who had lived and died, for a couple of generations, in a certain town of wealth, I remarked that, strangely enough, none of them, even by large practice, had accumulated some means. "No," replied one of my listeners, resident there, "the people would not permit it in our section of country. We will give a man a good income, sufficient to live on comfortably, but no more. If he does more work than this, he must do it for nothing. A suspicion of accumulating wealth would alienate the mass of his patrons." The speaker, an intelligent man himself, indorsed that sentiment. But would he have applied it to the industrious farmer, the thrifty mechanic, or

a shrewd banker? No; only to the noble (!) and divine (!) institutions of the clergy and medicine.

If the young physician has influential friends, or marked ability, he will fall into a fair practice rapidly, and if he can secure a partnership with some older head, he starts well at the very outset. But, some will ask, what do you mean by the expressions "starts well" and "fair practice?" I mean that he will get an average business, which involves an immense amount of hard work, and, perhaps, a decent living. This, in most cases, will be all. Exceptional instances of competence secured by legitimate practice are noticed; but most of the wealth possessed by physicians is by heirship, by outside speculation, or comes through business for which actual practice has been either wholly or in part abandoned. Few get rich in the professional harness.

Once established, what then? Your patrons praise, and your enemies calumniate you. The former are intensely affectionate when they or their friends need your services. But they hate your bills. They like to receive benefit from your ministrations, but, in a vast majority of cases, they dislike to remunerate you therefor. They dodge you in the highway, lie to you about settling at home, dispute your account, belittle the services received, patronize the druggist if they owe you, when the case admits of it, rather than face you again, and especially when they can get your previous prescriptions duplicated. They will pay almost every other bill before making a weak effort to meet yours. And, lastly, having perhaps obtained a discount from regular price allowed by you, reluctantly, in order to secure payment at all, they bring you damaged produce, and seek to charge therefor from ten to one hundred per cent. above the market price. The *amiable* doctor accepts, glad to get even at any sacrifice, except friendship. Alas! this is no fancy picture, to emphasize a point! 'Tis a reality of every-day life, doubtless familiar to every one of my readers by personal experience. This is the reward for talent, for hours of hard study, for responsibility which ages the bearer, for outlays for instruments and books, for actual services rendered. Noble profession (!!!) immense glory (!) great success!

If you owe one of these same parties a dollar, the chances are he will be hounding for it before the debt is a day old, and often, too, when your account will largely

overbalance his. Nor are these people alone of the lower social orders. Respectability—save the word!—and wealth often treat you so. Why? Because we do not transact our business on sound principles. And who is at fault? We ourselves, as much as, or more than, any one else. We have taught the laity that we are a charitable, self-denying, long suffering people both by precept and practice. We are too high minded to care for sordid gold. They believe it, and we suffer in consequence. They laud us, use us, starve us, and expect our gratitude. We are tolerated as a necessary evil, it seems to me, and “fed on the taffy” of theoretical adulation, *at nauseam*.

What is the remedy? A reform of our customs. The laborer is worthy of his hire. We are expected to keep abreast of the times in attainments, to give the best of attention and skill, and this means hard study and close observation, as it now is. When this is done let us charge for it according to its value, to its cost of time, trouble and expense to us, *and let us get our pay*. Get it as the merchant tailor, manufacturer gets his; get it in a friendly way where possible, and, where not, force a settlement, if necessary, by legal means. Let the world know what we have *to sell*—not to give away—learning, experience, practical and useful advice, for the healing of nations. Let the world understand that it requires cold cash to buy our commodities, wholesale or retail. It would even be well to demand cash on delivery of the article bargained for at each visit, or certainly at the close of the case. This custom obtains in a few American localities, but they are exceptions to the general rule.

Well, I hear myself stigmatized as a heartless, cruel, mercenary wretch. Of course. This is not tradition. It is heterodoxy. So be it. *Fiat justitia, ruat cælum*. I ask but this—justice to us, as well as others, where too little has been obtained heretofore. But few ever receive justice unless they demand and set about obtaining it. As a class, we are poor collectors. Why? Surely not from any of the benevolent attributes generally credited to us, as I will show right here. Dr. A. is a young man, as herein before mentioned. He has three reasons for not collecting—he can not, he dare not, and it would be impolitic—from the three grades of patrons severally. His business might be driven to some one else. Dr. B.

is older, but not at the top. He fails to collect, lest Dr. C., a rival, with equal prospects ahead, outstrip him in the race. Dr. D. is the local Solomon with unequalled practice. He is easy with debtors, to hold his own securely. Dr. E. is naturally careless, and too indolent. Dr. F. is wrapped up in study, and has no time for it. Dr. G. has speculated, and does not need it. So of Dr. H., who owns a farm which supports him, and Dr. I., who is a silent partner in a drug store, and Dr. K., who gets a percentage on prescriptions. High motives all of them. Oh, yes! Yet this failure in the fundamental principle of business success is usually credited to disinterestedness and absorption in studies for the public good. In *fact*, it is only the result of ambition, policy (and short-sighted at that), vanity, competition, and might all be summed up as cowardice.

But, 'tis urged, this plan will never do. It would necessarily cause suffering and death among the deserving poor. Reader, I have the kindest feelings for the poor. Our skill is our own, and just as the benevolent merchant gives his sugar, his calico, his flour, or the banker subscribes his dollar in cases of actual need falling under his personal knowledge, we have a right to donate it when a worthy object appeals to us for aid. • I have no frown for this, only approval. The great trouble here is that public opinion creates thousands of deserving medical paupers, who are, by the same authority, considered abundantly able to pay the cash for all their other needs. Here is partiality to our disadvantage. I only ask to be placed on a par with all other men of like means as myself, in the matter of giving. If I choose, voluntarily, to exceed my full share of beneficence, well and good; but I deny any person or power the inherent privilege to demand this as an abstract matter of right. Why should a dozen or two of men in a community bear the whole burden of charity for that community? It is not just, and here again is a field for reform. Because I am a physician is no reason, except in public estimation, why I should be more benevolent than any fifty of my neighbors more able, financially, than I am myself. Yet this is the rule. A friend once remarked to me, on hearing me refuse to visit a dead-beat, who had twice defrauded me previously, "If I was a doctor I would go to every case, pay or no pay. I would do it for the experience, the reputation and

charity of the thing; and, further, I would not patronize a man who would not do the same. Go with that boy to his father as your duty requires." I disputed his statement, refused to go, informed him that if he was a sensible practitioner he would always act in self-defense, and entered into an argument on the subject. I closed thus: "You are as human and as selfish as the rest of us, and you will patronize the man you have confidence in as skillful, experienced, able to ease pain or save life, in spite of either his charity or otherwise, just as long as you think him able to give you value received for his fee." He was my patron at the time and is now. His threat was earnest, and he meant it, but 'twas passing sentimentality, easily set aside by logical reasoning from a fair and unprejudiced basis. That doctor who will go to all who call him, regardless of reward, will spend fully half of his time, or more, in gratuitous services. Is any other profession or trade, except where regularly employed for such labors, expected to work thus? By no means. The poor we have always with us, as we are sadly aware, but 'tis no one man's work, no one set of men's work, to shoulder the entire burden of their care, either in sickness or in health. I wish to work no hardship on this unfortunate class, yet it is necessary for us sometimes to seem harsh and uncharitable for the sake of forcing right out of wrong. Some States and counties, or municipalities, have recognized the equitable from the unjust, and doctors are salaried by them, as is right, to care for free dispensaries, or act as district physicians. These men are paid for their services, and the whole community is taxed for the purpose, thus giving equable distribution of a public burden. The medical employe, as a tax-payer, bears his rightful share, and helps in paying his own salary, which is all that ought to be required of him, or of any of us. Now, such a custom as this should obtain everywhere, where wealth and poverty exist side by side, as is universal. And it is our province, as a profession, to force it gradually, by continual agitation, in public and private, by educating opinion up to this standard, even the unpleasant method of absolutely refusing to be public slaves without remuneration, where life is not jeopardized, or too great suffering entailed thereby.

Let me here instance one of several similar cases occurring to myself, as an example of the tyranny and self-

ishness attempted toward the profession. A man of property called for me to visit one of his household, an intelligent, energetic white girl acting as servant, and some years old. "She is an orphan," he remarked, "and has no relatives, and no means to pay you with." "What wages do you give her?" I asked. "Nothing but her board and clothes," was the reply. He owned, on my asking, that she was a splendid servant, and he wanted her well cared for (medically), and set on foot again, as he needed her services badly. I scouted his niggardliness, and refused to go, except at his expense, and he departed in high dudgeon, only to find a more servile tool for his small-souled domination, in the person of a more charitable and high-minded physician. If I had had co-operation on the part of all my colleagues I could have forced a fee out of this contemptible fellow, and he would have more than got value received—as he did any way—out of his hard-working girl. Often they come requesting medical attention for tenants on farms, or for laborers in their employ, and they gratuitously remark, "Hurry up and get him well, as I need his work. But if you suggest pay, they say he owes them already, or they don't wish to stand good for other people's debts, and this, too, when no one but themselves is receiving any benefit from the labor of the patient, whose toil they are profiting by to the utmost extent. This kind of philanthropy is "played out" with me, and ought to be with all of us.

Prof. Agnew, in a recent introductory lecture before his class, is reported to have said, in substance, that "he never knew a medical man to attain distinction who practiced with a pecuniary motive. This is the æsthetical idea again, and I fear the respected surgeon has overshot the mark in his ambition to dignify our calling. Some of our shining lights accumulated wealth. How? As the physician rises in influence, practice and income, he very naturally cuts off a major part of his non-paying patrons to devote his time to the better classes now seeking his services. That is very human, again, but *he*, of course, does this purely for the sake of giving younger (and more needy) men a fair chance to attain experience for the common good. As reputation and skill increases, he charitably raises his fees to a gilt-edged figure, which only the *creme a la creme* of society can reach. Now he moves in a congenial sphere, and casts bread upon the

waters in shape of wide aphorisms on charity. He perhaps gains some chair in a college, if his merits warrant it, or acquires position on a hospital staff. Here practical charity is an actuality; but he is remunerated therefor either in dollars, or in increased lustre of professional repute, extending his influence, his practice and his income, or in both. This is all right, and I raise no objection thereto, but I protest against their casting back to us poor souls, on the lower rounds, scraps of impractical wisdom on our duty. Such are many of our leaders, nursed in the lap of luxury. I honor their talents, and I emulate their financial examples. And if I am to judge Prof. Agnew's monetary ability and shrewdness, by the bill* which the press report as made by him in the case of late illustrious and lamented President, and I am one of those who do not think it exorbitant for our Government to pay, he, as well as some of us among the humbler lights, wisely, shrewdly, and correctly has an eye to income and the main chance.

But, say some, would you do away with the noble heroism displayed in our terrible epidemics, as at Memphis, New Orleans, Shreveport, Grenada, etc.? Not at all. Yet stop, let us look into this matter with an unprejudiced mind. I happen to have known the particulars in some of these cases. Those outsiders who rushed to these and other plague-cursed cities in their hour of woe, were of three types: 1st. The martyr spirits who went in Christian heroism and purpose—all honor to their names. 2d. Those, who, thinking themselves secure from liability to infection, went for glory, for profit, or for both, but with little or no spirit of true philanthropy. 3d. The impecunious, who, in the desperation of poverty and want, rushed madly into any danger for the sake of relieving their destitute families by the wages of death received. Of these classes there were physicians, nurses, druggists, clergymen, operators and others. Mark you some of these noble souls were *not* of ourselves. The great, grand profession (!) was not the only industry represented. Heroes ever rise in great emergencies, and ever will, and doctors

* The report circulated in a number of newspapers that Prof. Agnew had presented a bill for services as consulting physician in the case of the late President Garfield is not correct. He has not presented a bill. The mistake, however, does not detract from the very able argument of the writer.—[Ed.]

did not distinguish themselves to the exclusion of the baser elements. Not at all. And doctors there were who displayed as great cowardice as the common herd. So in the war of the rebellion and all wars. Medical men were, very naturally, in the minority in active service, so it will be seen that medical men are very natural men. This is the whole of my argument, and I make it without any desire to wilfully detract from the worthy honors won or worn by any hero in our profession. I only ask that we give what is due, get what is due, and refuse to do or take more. We *are* human and natural, let us own it, insist on it, be proud of it, and act like our business equals and financial superiors.

With all the foolish cant about us, the flattery and laudation in the abstract, let a doctor get involved in a malpractice case, or the breath of scandal touch him—however unjustly—and he will find that a hornet's nest is stirred up in the concrete. Public sentiment arrays itself against him with unanimity and intense bitterness at once. He is denounced and execrated on all sides. Never was this more forcibly shown than in the public criticism of President Garfield's medical attendants and counsels. So it goes, laudation in theory, condemnation in practice. The world admires us collectively; and prescribes nostrums and patent medicines, or herb teas, for our patrons individually. When a patient recovers, some household remedy, or the nurse, gets credit for the miracle; when he dies, we don't divide honors with any one. The druggist honors us by duplication, counter-prescribing and nostrum vending; then aids in expending our slender income by selling us our drugs. Quackery financiers and thrives; we follow a ruinous financial policy and languish. The people admire the business-like methods of the charlatan, for they expect it. And, gentlemen, they would admire and respect it in us if we gave the same opportunity to see and expect it. My experience is that the prompt collector fares and flourishes the best in the long run, and for my part I have adopted a policy of "short credits make long friends," and propose following it to the end.

From the foregoing rather extended remarks it seems to me that I make out the following case: The world is not our creditor, except in fulsome gush. It is our debtor in actual service rendered. It has antagonized us and

other sciences, almost or quite from the cradle of intelligence, through all ages, even until now. What discoveries have been made, or advances accomplished, have been against odds. Vaccination, dissection, vivisection, sanitation have been fought sturdily inch by inch. What benefits we have conferred on mankind have been mostly by force. Then we got the glory, and they kept the merits. We owe the world nothing, or next to nothing. It owes us much. Let us square the books and donate the past, but demand the cash system hereafter, sell our merits for what they are worth, and teach people not to toy with us, not to treat us as slaves, but give us an equal footing with others, and expect to pay for the mental and remedial wares with which our warehouses are stocked.

SELECTIONS.

Diarrhea in Infants.

A LECTURE BY WM. T. PLANT, M. D.,

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GENTLEMEN: At our last interview* we were engaged with the subject of infantile diarrhea. I described to you with some detail the features of two forms, simple and inflammatory. To-day we will continue and complete the subject.

In some cases the inflammation is pretty much confined to the lowermost division of the large intestine. When so situated it causes some symptoms that are not found with the other forms; hence a special name, dysentery—pain in the intestines.

The prominent symptoms of dysentery are pain in the lower bowels, straining at stool, the passing of mucus with blood, and more or less fever. The pain is apt to be acute, cutting. The tenesmus is very troublesome. There is a constant desire to empty the bowel, but the desire is never satisfied. In some cases there is so much straining that a portion of intestine protrudes through and outside the anus—a prolapse of the rectum. In this dysenteric

* For lecture here referred to see Medical News, Vol. xii., No. 11, page 126.

form of bowel-trouble the stool consist of glairy mucus with blood and a little fecal matter. The constitutional symptoms are well marked. There is sharp fever; the temperature is raised; the cheeks are flushed; the thirst is great, and the face shows suffering.

In early infancy dysentery is rare. In childhood it is rather frequent. Now and then it occurs as an epidemic. It is not so often the result of dietetic imprudence as the other forms of diarrhea. Perhaps its most frequent cause is sudden chilling of the surface. Boys often get it by throwing themselves on the damp ground when heated by exercise, or by going with wet and cold feet. It is much less frequent in girls. Other occasional causes are worms and fecal accumulations in the rectum.

There is one other form of intestinal flux occasionally met with during the hot months, called from the violence of its symptoms cholera infantum. Its causes are impure air, hot weather, and improper feeding. It is much more frequent in infants under two years than in older children. The chief symptoms are frequent liquid evacuations, vomiting, thirst, increased temperature, rapid waste and great debility. The discharges at first may contain some fecal matter, but they soon become liquid and very copious. Often they are so watery as to be wholly absorbed by the napkins, leaving hardly a stain. They have a peculiar musty odor that has a great attraction for flies. Vomiting appears early, if not at the beginning, and usually persists to the end. The thirst is urgent, and the infant is constantly reaching after and crying for water, which, if given in any considerable quantity, is returned almost as soon as taken. I have seen cases in which a moderate drink of any liquid seemed to excite so rapid a peristalsis that it was passed swiftly through the intestine with loud gurgling, and forcibly ejected from the rectum. The urine is apt to be suppressed because the fluid escapes from the body through another channel. The temperature is extraordinarily high in this disease—from 103° upward; sometimes before death the mercury mounts to 106° , or even 108° . In no other disease are there such sudden and striking changes in the aspect of an infant. The fluids are abstracted from the tissues so rapidly that a few hours may suffice to render an infant almost unrecognizable by its friends. There can be little doubt that

the cause of cholera infantum is a most violent gastrointestinal inflammation.

This is a very fatal malady. Not that all die, but many, the most, do. It may strike suddenly in the midst of health and march without pause to a fatal ending. It may also occur as a sequel of one of the other forms of diarrhea. Infants previously healthy and strong frequently succumb to it in one or two days. The name ought only to be applied to cases of this violent sort, for only these bear a resemblance to true cholera. It should not be used in connection with ordinary cases of summer diarrhea. In this city you will frequently hear a trivial and salutary looseness of the bowels spoken of as cholera infantum. I hope you will guard yourselves against such a misuse of terms.

TREATMENT.

In all forms of diarrhea the diet and the drink should receive attention. We are prone to forget the dependence of the egesta upon the ingesta. I doubt if the fact is sufficiently recognized that in very many cases of diarrhea the trouble is primarily at the stomach. The food, disproportioned in quality or quantity to the ability of that viscus, is but partially elaborated. It undergoes fermentation instead of proper digestion. As a consequence, an acrid chyme passes into the intestine, irritating its mucous membrane and increasing peristaltic action. Yet there is no dietetic rule that can be applied to all cases. Fresh milk from the cow agrees with most infants after weaning. I have also used condensed milk (Borden's) in the proportion of one part to ten or fifteen of water, and have been satisfied with it. If hard curds are vomited there is probably an over-acid condition of the stomach. This may be corrected by the addition of lime water, a quarter or a third of the bulk; or bicarbonate of soda, one to three grams (fifteen to forty-five grains) to the pint of milk. If the stools are flecked with numerous bits of undigested casein I take that to be an evidence that the stomach has lagged in its work, and I treat the milk with saccharated pepsin, about one gram (fifteen grains) to the half pint. For a most obstinate case under my care the last summer, I added both soda and pepsin to the milk with the apparent effect of stopping the vomiting and lessening the diarrhea. There are some cases, however, in which milk, modify it as you may, offends the stomach

and increases diarrhea. In such you will do well to feed the child for a time with animal broths—veal, lamb, or beef—or with one of the artificial foods, as Mellin's, Horlick's, Ridge's, or Nestle's. Do not allow too much of any of these at one time. I think it important that you should remember not to make the liquid food serve entirely as drink.

In no disease is the desire or the need of water so urgent as in a profuse diarrhea, and it is harmful as well as cruel to withhold it as is so often done. You may give cold water in all forms of diarrhea. If the stomach is very irritable you may be able to give but a few drops at once, but these may be often repeated.

Bear in mind that a simple diarrhea in the child, as in the adult, is often a result of over-feeding, and is to be regarded as nature's way of ridding the system of matters that could only do harm by remaining. In such cases a restricted diet or abstinence from food for a day may effect a cure without medicine.

Sometimes you will find it of advantage to give an efficient laxative at the outset to carry away any peccant matter which the bowel may contain. For this purpose I know of nothing better than castor-oil. Its tendency to cause griping pain may be obviated by giving with it or after it a little paregoric or laudanum—from twenty to forty drops of the former, from one-half to one drop of the latter. A combination of equal parts of rhubarb and carbonate of magnesia answers the same purpose. If there appears to be a deficiency of the biliary secretion, if the skin is sallow and the tongue coated, you will do well to give one to two grains (0.06 to 0.12 gram) of hydragryrum cum creta, and repeat it after some hours.

I think I have before alluded to the fact that superacidity characterizes most cases of infantile diarrhea. For this reason alkalies hold a prominent place in their treatment. Something like the following laxative and corrective has been long in use:

R ^y	Pulv. rhei.,	.	.	.	} aa gr. xv; 1.00 Gm.;
	Sodæ bicarb.,	.	.	.	
	Syrupi simp.,	.	.	℥ $\frac{2}{3}$;	20.00 fl.Gm.;
	Aquæ. menth. pip.	.	.	℥jss;	45.00 fl.Gm.

Misce. Signa. A teaspoonful or more.

Do not carry the laxative treatment too far, especially

with young infants, in very warm weather. In fact, I seldom prescribe cathartics in midsummer for very young patients, but resort to checking measures immediately. For this purpose you will find the chalk mixture, with the addition of paregoric or laudanum, efficient. I have used the following with much satisfaction in cases where the stomach digestion appeared to be at fault:

R _y	Pepsine sach.,	. gr. xxx;	2.00 Gm.;
	Bismuthi subnit.,	. ʒjss;	6.00 Gm.;
	Tinct. opii.,	. gtt. xxiv;	0.70 fl.Gm.;
	Syrupi simp.,	. ʒj½;	40.00 fl.Gm.;
	Elix. simp.,	. ʒj;	30.00 fl.Gm.;
	Aquæ.,	. ʒij;	60.00 fl.Gm.;

M. Teaspoonful every three or four hours if awake.

I often use in children's diarrhea a combination of bismuth with Dover's powder, about as follows:

R _y	Ipecac. et opii pulv.,	. gr. vijss;	0.50 Gm.
	Bismuth subnit.,	. gr. xlv;	3.00 Gm.;
	Aquæ.,	. ʒij;	60.00 fl.Gm.

Signa. Stir and give a teaspoonful once in three to four hours if not asleep.

If desirable, you may increase the astringency of these formulæ by the addition to each dose of a few drops of tincture of kino or catechu or extract of logwood. The latter is the most agreeable of vegetable astringents, although its efficiency as a coloring agent renders it rather unpopular in the nursery.

If through these simple and rational means the looseness is not soon checked, it is probably because it is complicated with inflammation in some part of the intestine. In that case the trouble is more serious and requires assiduous looking after.

In the treatment of persistent diarrhea with inflammation, strive, if possible, to remove the cause or to escape from it. For instance, if the infant is living in this city, and is hand-fed with milk from the carts, send it to the hills south of us, and keep it on a farm till October. It would be an immense saving of infant life if we could treat all our cases of persistent summer-complaint in this way. But unfortunately the disease prevails most among the poor, who can not afford the expense of removal. We must take them as we find them, and do what we can when we can not do what we would. Secure the best

ventilation possible. If living in a damp basement, insist on a change of quarters. The remedies are much the same as those recommended for the milder form. Opium is by far the most valuable. It checks the action of the bowels; it promotes the action of the skin; it relieves pain; it secures rest, and checks the rapid waste. In some form it is an ingredient of nearly all our prescriptions for this kind of intestinal flux. The foregoing formulæ may be employed, or the following from the excellent work of Prof. J. Lewis Smith:

R̄ Tinct. opii, . . . gtt. xvj; 0.50 fl.Gm.;
 Bismuthi subnit., . . . ʒij; 8.00 Gm.;
 Misturæ cretæ., . . . ʒij; 60.00 fl.Gm.

Signæ. A teaspoonful every three hours.

It often happens that the vomiting prevents successful medication by the mouth. We may then have recourse to the rectum. An enema of from one to three drops of laudanum for an infant of one year, in a teaspoonful of mucilage or hydrated starch, will usually be retained. Opiate suppositories answer the same purpose. For infants they may be made in urethral molds. From one-twenty-fourth to one-eighth of a grain of opium may be used for a child one year old. Do not use opiates by the mouth and rectum at the same time, and be ever mindful of the marked susceptibility of children to the power of this drug.

Next to the diarrhea the most troublesome symptom is vomiting. Various means are employed for checking it. Some of them I give you. The preparations before mentioned that contain bismuth are sometimes effectual. Lime water may be added to the food or given by itself. Calomel in minute doses (one-tenth of a grain), placed on the tongue, repeated once an hour, sometimes acts magically. Quarter or half-drop doses of wine of ipecac, or correspondingly small doses of nux vomica, will sometimes succeed, but very often they will fail. When the stomach is irritable the nourishment and the drink must be given in very small quantities, often repeated. When all ordinary diet has failed to remain upon the stomach, raw meat finely chopped and seasoned has been given with success.

In this form of diarrhea you will do well to begin early the use of stimulants. Do not wait till vitality is ex-

hausted before you avail yourselves of the sustaining influence of brandy, of Bourbon, or of champagne. Given with the food, stimulants seem to render the stomach more retentive.

The infant should be put once or twice daily into a warm bath. I am in the habit of advising it the last thing in the evening. Aside from its effect in equalizing the circulation, and so relieving intestinal hyperemia, it is an admirable measure for inducing a tranquil and restful sleep.

Outside applications are useful, but are not very easily kept on. I have used nothing better than a thin linseed poultice with which is incorporated a little mustard—say one part to twelve of flax-seed. This, covered with oil-silk, may be applied to the whole abdomen for some hours at a time.

In the treatment of the dysenteric form of bowel-trouble the same remedies and rules to a certain extent apply; but here medication per rectum is of peculiar value. Nothing relieves the pain and distressing tenesmus like opiate injections and suppositories given as before advised. The little patient should be kept at rest and recumbent, and should be exhorted to resist the longest possible its inclination to go to stool. Prolapse of the rectum is more apt to attend this form than any of the others. Beyond prompt reduction by gentle pressure no treatment is necessary. The protrusion becomes less as the tenesmus subsides and eventually ceases entirely.

In cholera infantum we must act quickly if our treatment is to avail anything. The remedies which were advised for the other forms are not inapplicable in this, but opium is our sheet-anchor. It must be given in decided doses, yet circumspectly, lest we induce a fatal narcotism. Prof. Smith gives a formula which I think well of in this connection:

R _y	Tinct., opii.,	. gtt. xvj;	0.50 fl.Gm.;
	Spts. amm. aromat.	5 ss—j;	2.00—4.00 fl.Gm.;
	Bismuth. subnit.,	5 ij;	8.00 Gm.;
	Syrupi simplicis.,	} aa 5j	30.00 fl.Gm.
	Aquæ,		

Misce. Signa. A teaspoonful once in two or three hours to a child one year old. If less, reduce the dose. Suspend if drowsy.

I have much faith in the efficacy of the warm bath often

repeated. Stimulants are necessary, and should be freely given from the outset. Champagne is one of the best in this form of diarrhea.

If cerebral symptoms—such as rolling of the head, clutching at the hair, and spells of hard crying, alternating with drowsiness—appear, do not think or say, as do the uninformed, that “the disease has gone to the head;” but look upon these phenomena as denoting cerebral anemia consequent upon the rapid drain from the blood, and treat accordingly.—*Louisville Medical News*.

Lectures.

BY J. M. DA COSTA, M. D.

Complications of Enteric Fever.

LECTURE I.

You have seen this patient once before. His condition, however, has altered somewhat. He is twenty-four years of age, and a bar-tender. You remember him as the man with very flushed face and pulmonary complications. I thought it would be useful for you to see the results of our treatment. Everything has been favorable. He was very ill when he was before you with characteristic typhoid fever tongue, diarrhea and an unusually diffused eruption, extending even as far as his thighs and arms.

The pulmonary complication revealed itself by the presence of considerable dullness over the lower part of the left lung. It was an instance of the pneumonia of typhoid fever. Our treatment consisted in the use of turpentine internally and externally, and in moderate doses of quinia. He took a considerable amount of stimulus. The existence of pneumonia in typhoid fever always calls for increased stimulation.

His temperature, to-day, is 99°; his pulse 82 to the minute, and his respiration 24. His face has lost a great deal of its flush; his tongue is much moister than it was, but is still partly dry.

Upon examining into the physical condition of his lungs I find now that the dullness has largely diminished, although the resonance over the lower part of the right lung is still relatively impaired. The inspiration is feeble

and the expiration prolonged. There are a number of ræles to be distinguished. Under these circumstances should our treatment be modified? He is taking ten minims of turpentine every three hours. Let it be continued. He is getting eight ounces of stimulus daily. I will cut down the amount to six ounces. The dose of quinia shall be reduced from twelve to eight grains daily. I will allow his diet to remain unchanged. I will have the resident paint the chest with iodine where the dullness still persists.

Here are two more cases which I wish you to see—fresh cases. I show them to you as partly typical cases of the disease in its acute stage, and partly because of some unusual symptoms which they present.

He had been sick for a week before admission. His illness began with orexia, insomnia, wakefulness, headache, fever and prostration. His bowels were constipated at first; since then they have been loose. He had a slight cough for several days before his admission.

Upon admission his face was flushed, his tongue coated, dry and tremulous. There were sordes on his teeth and tongue. He suffered from considerable headache and from pain in his legs. *Deafness was a marked symptom of the case.* There was dullness at the right apex.

This man was very ill when admitted, and is still so. Although there was nothing unusual about the case when it came in, on the day after his admission the temperature rose to $105.6-10^{\circ}$. It has not, however, been so high since then. Most of the time it has ranged in the neighborhood of $103-103\frac{1}{2}^{\circ}$; occasionally, toward midnight, it has been as high as $104\frac{1}{2}^{\circ}$. The lung complication has persisted, although it has not been so marked as in the other cases which I have already shown you. There is congestion present in both lungs, but it is most marked in the right. When the patient puts out his tongue you see that it is heavily coated. Its tip is red. It was much drier when he was admitted. The pulse this morning is down to 82. The respirations are 24. The pulse has a far better volume. The first sound of the heart is remarkably absent, but I can hear a distinct second sound. The bowels are now moved three or four times in the course of the twenty-four hours. He still has some eruption on his chest and abdomen; there is also some on the thighs. There is none on the arm, only on the back and thighs. The lung

symptoms are, in the main, the same, though of lighter degree. There is some prolongation of the expiratory murmur, with a dry cough, and marked inflammation of the throat, with some slight whitish exudation.

This, then, to summarize, is a case of typhoid fever barely past its height. The temperature has been at times very high. *There is a sore throat present*, with some slight diphtheritic deposit.

This diphtheritic deposit is rare as a complication of typhoid fever. When it does occur it is generally noticeable at the height of the disease, and is not an early symptom. It begins with a diffused redness, soon followed by the disappearance of an exudation upon the fauces, palate and tonsils. Here the tonsils are simply injected, but there is a whitish exudation on the pharynx and fauces. You must all be very careful not to mistake this diphtheritic deposit for the sordes, which is invariably present on the throat and gums in typhoid fever.

The question now arises whether this is merely a form of thrush or whether it is the manifestation of a true diphtheritic exudation. I think it is a kind of half diphtheritic and half aphthous sore throat.

It is more than simply an aphthous sore throat; it is probably a species of diphtheria. How are we to treat it? This man is at present undergoing a kind of treatment very similar to that usually pursued in routine cases. He is taking ten minims of turpentine every three hours; twelve grains of quinia daily, and eight ounces of whisky. The throat symptoms have only been prominent the past two days.

How will these throat symptoms modify our treatment? I shall place the patient upon the use of the tincture of iron, giving fifteen drops every three hours. I will withdraw the turpentine, but keep up the quinia. This is an excellent mouth-wash for such cases:

℞ Alum.
 Borax, aa ℥ss.
 Water, f. ℥ss.
 Glycerine, f. ℥ss. M.

Signe. To be used freely as a mouth-wash.

If this solution is too strong it must be diluted. At the same time that we are using this we shall keep a light poultice, with a little mustard on it, round the patient's neck.

Two Cases of Typhoid.

LECTURE II.

The next case to which I shall call your attention is the following: An organ-grinder by occupation. He speaks English very imperfectly. He had the usual prodromes of typhoid fever. He was admitted prior to the development of the eruption, but a day or two later we discovered some spots, in spite of the man's swarthy skin.

The eruption, to-day, is very marked; it has come out in crops. The fever process ran its course rapidly; it did not pass beyond the usual three weeks. The man is now convalescent; his pulse is 70, and his temperature $98.1-10^{\circ}$.

The only point in particular in connection with the case to which I desire to call your attention, is that an examination of the temperature chart shows us that the temperature at times has been lower than usual. It was $97\frac{1}{2}^{\circ}$ when his convalescence began. This subnormal temperature sometimes occurs at the termination of the disease. It tells us that the fever process is over, but warns us that we must not withdraw the stimulus. In these cases we generally find great debility present after the subsidence of the acute stage. Convalescence is slow, and the first sound of the heart remains feeble for a long time.

The proper treatment of such slow discoveries is by stimulus and nourishment. This man is taking one drachm of the elixir of iron, strychnia and quinia four times a day.

This is a patient who has been prostrated by typhoid fever. I do not know that the case was marked by anything peculiar in its early stages, except that it was, perhaps, one of more than usual severity. The temperature was as high as 105° at times, and there was a great deal of muttering delirium present. No doubt the case would have been regarded as one of more than ordinary severity; there was a little more diarrhea than customary during the first two weeks.

On the 28th of December convalescence seemed to be well established, the temperature being as low as 99° . On January 1st, the temperature was $97\frac{1}{2}^{\circ}$. Impressed by these signs of rapidly returning health, we began to allow the patient a more liberal diet. Constipation took the place of the diarrhea, so that we had to interfere occa-

sionally by mild means so as to produce a mild action of the bowels.

On January 14th, and with but a slight increase in the temperature at first, the patient began to complain of stiffness and swelling at the angle of the left lower jaw. Examination showed that the spot was stiff, swollen, red and painful. The stiffness and swelling increased in spite of the local application of iodine. Thirty-six hours after these symptoms were first noticed the fever process began to increase, the temperature record making a little over 100°. It never ran much higher than this. A few days later it again increased, until it is now about that of the first convalescence—98°.

The swelling has persisted ever since the 12th. For a few days it seemed to be getting better, but is just as big as ever again. There is a great hardness and tension of the parotid gland and of the surrounding parts. The tension extends upward some distance into the cheek. The patient can not open his mouth or swallow without giving rise to a considerable amount of pain. The gland lower down the neck and the submaxillary gland are not swollen, the parotid gland and the surrounding tissues being the only parts implicated.

This condition of things is so rare that Trousseau and Chomel have only put one case each upon record. Murchison, in all his enormous experience with typhoid fever, only found six cases, and I have only met with some two or three.

As I have already hinted to you, this case is one of parotid swelling as a complication of enteric fever.

How does it happen? What is its meaning? How does its occurrence modify our prognosis? How shall I treat this complication? You no doubt wish me to answer all these questions for you.

Before discussing these points, however, I may say that this complication, although but rarely met with in typhoid fever, is not by any means an infrequent complication of typhus.

In this very hospital, some ten years ago, there was a sort of epidemic of typhus fever cases brought into the wards, and during this epidemic I met with at least four cases of parotid swelling. Moreover, I have seen it elsewhere in other cases of typhus fever, and so I am quite familiar with the complication as occurring in typhus.

Parotid swelling does not differ materially as occurring in these two fevers, except that the tendency to suppuration is greater in typhoid fever.

At what stage of typhoid fever does it occur? Generally we find it at the end of the natural period of the disease, or it may happen, as here, just after convalescence has set in. I have never met with it at the height of the fever process.

Suppuration is one of the results of this complication. Occasionally the swelling subsides slowly, or else it grows more and more marked, and thus indicates such profound blood-poisoning that the patient soon succumbs.

Our treatment consisted at first, as I have already indicated to you, in the local application of iodine. This did not seem to do any good. We then stopped the iodine and applied ice in bladders steadily to the spot. This relieved the tension, heat and swelling. Indeed, for a time, the swelling seemed to be disappearing, so that a few days ago it looked as if the complication had entirely yielded to the ice; but, unfortunately, the swelling has come back again in full force. However, I shall order the ice treatment to be steadily kept up, hoping in this way to prevent suppuration. If suppuration takes place in spite of the ice, we shall stop the ice at once and favor suppuration by warm poultices, and by an early incision let out the pus.

In parotid swelling in typhus fever I have tried all kinds of treatment—nitrate of silver, blistering and iodine. None of these methods, except, perhaps, the blistering, were attended with any success.

I shall continue the ice in this case for a day or so, and then apply a small blister. I shall also pay careful attention to the state of the system. With this latter end in view I shall give twenty drops of tincture of the chloride of iron every three hours, and the patient shall take twelve grains of quinine and four ounces of whisky every day.

If I should find any reason to change this treatment, I will resort to a course of Lugol's solution of the iodide of potassium internally as alteratives.

The treatment by the chloride of iron I consider to be the best. I do not think we shall have any suppuration here; I think that the ice and blister will prevent it.—

Western Medical Reporter.

New York Academy of Medicine.

Stated Meeting, Oct. 20, 1881.

FORDYCE BARKER, M. D., LL.D., PRESIDENT, IN THE CHAIR.

THE President acknowledged the receipt of a volume published by Dr. Declat in 1865, in which was set forth a new therapeutical use for carbolic acid. In a paper read by Dr. Sims, at the last stated meeting of the Academy, allusion was made to certain advantages which were to be gained by prompt operations within the peritoneal cavity, and they were largely the outgrowth of the knowledge which the profession had derived of antiseptic measures embraced under the general term Listerism, a word now in common use. The volume was accompanied by a letter which he had received from Dr. Declat, containing a reclamation, with considerable evidence in support of the assertion that he antedated in priority the observations and publications of Lister by several years. The book and the letter would be placed in the archives of the Academy, where they could be consulted, thus affording opportunity to study Dr. Declat's claims, and each could then settle the question in his own mind.

The following is an abstract of Dr. Declat's letter. It was addressed to the President of the New York Academy of Medicine, and was written to establish two points:

First.—That he claimed the priority of the so-called antiseptic method.

Second.—That the system of Lister was both imperfect and incomplete.

"His first publication, in 1865, which he sent to Sir James Simpson, of Edinburgh, was the starting-point of the first application of carbolic acid by Mr. Lister in that city in 1867, two years later, and *six* years after his public application of the remedy at the Hospital St. Jean de Dieu, in the presence and with the co-operation of Dr. Gras and Professor Maisonneuve, who took it upon himself to communicate it to Professor Simpson, who accused Lister of plagiarism in claiming that discovery; and Dr. Sanson, the authorized translator of Lister's works, admits my claim."

Dr. Declat presented to the Academy his book written in 1865, and also referred to an extract in Pasteur's work

on beer-fermentation (p. 44), where that eminent scientist clearly defined his rights to priority, after having alluded to Mr. Lister. The extract says: "Dr. Declat has created a new system of medicine founded on the employment of one of the best-known antiseptics (carbolic acid), namely, that transmissible diseases are each the product of a special ferment, and that medical and surgical therapeutics must try and prevent the penetration of ferments coming from without into the liquids of the economy, or, if they have penetrated, to find antiferments to destroy them without diminishing the vitality of the histological element of liquid and tissues."

Dr. Declat also referred to the *Bulletin Officiel des Comptes Rendus de l'Academie des Sciences de Paris*, du 11 mars, 1878, in which Professor Sedillot saw fit, a majority of the Fellows being present, to establish the priority of his claim. Dr. Declat continued: "I have said that the Lister method is imperfect in two ways: First, because in most wounds and operations we should put aside the carbolic spray, with its many inconveniences, and replace it by a direct cauterization of the tissues, operated upon by means of a solution of about equal parts of carbolic acid and alcohol, followed by a carbolic dressing. The Lister method is incomplete, because it does not realize the second part of the antiseptic therapeutics, as it only partially prevents the penetration of ferments from the exterior. Neither Mr. Lister nor Dr. Sims (I think) has done anything to destroy them once they have penetrated into the liquids of the economy, and there is septicæmia or pyæmia; but this addition to the antiseptic treatment is the more important since it applies both to medicine and surgery. It consists in introducing with impunity into poisoned liquids, tissues, or organs, antiferments and chemically pure *acide phenique*, *sulfo-phenique*, *iodo-phenique*, and *acide salicylique* by means of draughts (enemata), and, above all, by hypodermic injections in large doses. The greater part of the accidents that have happened in surgery can be traced to the presence of volatile bodies, *acide crezilique*, *l'acide rosacique*, and *rasoline*, which are present even when the carbolic acid is in crystals. In the hands of the followers of Lister a patient stricken with septicæmia is not curable; while the patient has many chances of recovery by the internal antiseptic treatment."

Dr. A. C. Post exhibited plaster-casts illustrating the condition of the hands before and after the operations for the relief of the deformities, in a case which he had already reported to the New York Surgical Society.

Dr. Passmore, of Brighton, England, was introduced to the Academy, and invited to a seat upon the platform.

LESIONS OF THE ORBITAL WALLS AND CONTENTS DUE TO
SYPHILIS.

Dr. C. S. Bull read a paper on the above subject, in which he restricted his remarks to the study of the lesions of the bones, and the adipose and connective tissues of the orbit. These lesions were not a common, though by no means a rare manifestation of syphilis. The lesions considered were osteitis, periostitis—singly and combined, periostosis, hyperostosis, exostosis—of which two or more might coexist, caries and necrosis involving perhaps only a small portion, and possibly the entire thickness of the bone invaded. According to most authorities those lesions belonged to the late manifestations of the disease; but Dr. Bull thought that they might occur earlier than had usually been supposed. They were more common in hereditary than in acquired syphilis, and in warm than in cold latitudes. The earlier periostitis was much less indolent than that which appeared later, and was never followed by exostosis or hyperostosis.

The symptomatology of these different lesions was illustrated by cases, and the treatment of each variety was considered in detail. Mercury and iodide of potassium were the drugs chiefly used in the medicinal treatment, and in some cases it had been found necessary to reach very large doses of iodide of potassium before the symptoms of the disease began to yield.

Dr. J. W. S. Gouley complimented the author of the paper upon the value and completeness of his contribution, with reference to both the pathology and symptomatology of syphilitic lesions of the orbit, and then proceeded to speak of treatment, both medical and surgical.

With reference to treating the early manifestations of syphilis with free doses of mercury, and later with full doses of iodide of potassium, advocated by Dr. Bull, he believed that a great deal more harm than good followed the indiscriminate use of mercurials and iodide of potassium. He thought it was unnecessary to touch the gums,

and, especially, the patient should not in the least be ptyalized. Mercury should be given in sufficient quantity to produce certain effects without producing ptyalism. In none of his syphilitic patients did he give more than minnte doses, by the mouth, of the corrosive chloride or the biniodide of mercury, accompanied by inunction, and he never expected to see any symptoms of ptyalism. He often began with one-fiftieth of a grain of the corrosive chloride, using, at the same time, inunction first upon one side of the body, and then the other, watching its effect closely, and suspending its use every month or every two months. He uses the iodide of potassium still more cautiously, for heroic doses may produce most alarming symptoms, and give rise to diseases which become absolutely incurable, such as sclerosis of the kidneys. He had known a number of cases in which death was caused by the administration of the iodide of potassium for months—for six months, beginning with a drachm daily, and gradually increasing the quantity until the patient took an ounce of the drug daily. Those were abuses which should cease, and which might be considered as malpractice.

A very distinguished English surgeon had passed to the other extreme, by saying that he could produce all needed results with five-grain doses. Dr. Gouley believed that such doses were too small. He thought that twenty grains, given three times a day, or fifteen grains four times daily, would accomplish all that was done in Dr. Bull's cases by the administration of two drachms or more daily.

With regard to surgical treatment, he would not be willing to undertake an operation upon any case of orbital necrosis until the patient had been kept under the influence of medicinal treatment for some time, and his general condition improved as much as possible, except in certain cases where abscesses existed. In those cases he would give free vent to the pus, remove loose pieces of bone, and then put the patient upon constitutional treatment.

With reference to exostoses, which were usually late symptoms, there was no doubt concerning the propriety of their removal by surgical means.

Dr. Knapp said that he had no great experience on the subject of Dr. Bull's instructive paper, yet a few cases which he recollected might be worth relating. He had

seen, several times, *acute circumscribed periorbital swelling* in syphilitic persons, who recovered quickly under mercurial treatment.

He had in mind a case of *chronic periostitis* of the inner part of the superior orbital margin, which for two years had occasionally formed an abscess, opened and discharged a puriform liquid. The syphilitic origin was not clear, yet the patient was cured by iodide of potassium.

Another case had greatly excited his interest. It was that of a man over fifty years of age, who had contracted syphilis when about twenty. Several years later the region of his brows began to swell, and in the course of years, with repeated inflammatory aggravations, developed into a hard, uniform prominence—a true *hyperostosis*, constituting a marked deformity, upon which mercurials and iodides had no influence whatever.

Another case was still more vividly in his mind. A man had had a primary affection about fifteen years ago; then, in the course of years, different manifestations of unmistakable constitutional syphilis, among which, periostotic swelling of several bones. At last he had *diffuse periostitis of the orbital walls*, especially the upper—not very painful to the touch, but with intense, spontaneous pain. There was exophthalmus, but no lesion of the eye—in particular, no neuro-retinitis. Complete and permanent recovery was obtained by a course of mercurial treatment, chiefly inunction, for several months.

Dr. O. D. Pomeroy had recently had a case which illustrated one point in the subject. The initial lesion of syphilis occurred about six months before the development of an abscess just beneath the superciliary ridge, and extending into the roof of the orbit, without displacing the eyeball. The patient had abscesses in other regions, but otherwise the syphilitic symptoms were but few. He opened the abscess, found dead bone, placed the patient upon constitutional treatment, and recovery was exceedingly rapid.

With reference to the size of dose of different remedies, he gave the least amount possible to produce the desired effect. He regarded the $\frac{1}{24}$ of a grain of bichloride of mercury as a large dose. Intermittent inunction with mercurials he regarded as beneficial. His belief in the efficacy of the iodide of potassium was “extremely

shaky." Small doses, according to his observation, affected some patients in a marked manner.

With regard to etiology, he thought that injury, in many cases, excited the disease into virulent activity. In the treatment of diseases of the tear-duct he had frequently seen orbital lesions, and could corroborate Dr. Bull's statement that sequestra, as a rule, were absent in cases of necrosis in that region.

The President, with reference to excessive doses of iodide of potassium, was rather surprised at the strong statements made by Dr. Gouley, and yet he was well aware that very large doses of the drug were frequently given in the city of New York. He then referred to a case of ataxia due to syphilis, in which there was complete paraplegia, with paralysis of the bladder and rectum. To that patient he gave a drachm of the iodide of potassium three times daily, beginning with twenty-grain doses, and an entire cure had been effected.

In another case he was giving large doses, but should begin to diminish the quantity, in consequence of what he heard during the discussion.

Dr. Gouley had for ten years, and in accordance with a suggestion which he received from Dr. Meredith Clymer, been using the iodide of sodium instead of the iodide of potassium, believing that it was the potassium, and not the iodine, which was the toxic agent. He had found that large doses of iodide of sodium were much better borne than were equally large doses of iodide of potassium; and besides, the sodic salts in the same quantity had no tendency to produce sclerosis of the kidneys. He condemned the excessively large doses of iodide of potassium so frequently given, and believed that the physician who gave an ounce of the drug daily, and continued it for weeks and months, was guilty of malpractice. The syphilis might be cured, but the patient very likely would be killed by the chronic interstitial nephritis developed by this excessive and prolonged administration of the iodide of potassium.

As was well known, there were patients who could not tolerate the minutest doses of iodide of potassium, while there were others who required very large doses. In his belief the latter were more likely to be harmed by the drug, for their stomachs tolerated the large doses, but in the end their kidneys suffered. He had had patients who

could not bear a single grain at a dose, and others who required very large doses, but the latter had always given him great anxiety. He had known a most violent hæmaturia to follow the use of forty grains of the iodide of potassium three times a day, and continued for two weeks. The symptom disappeared within a few days after discontinuing the drug, and afterward he was careful to give smaller doses.

Dr. A. W. Stein believed that it was impossible to treat every case of syphilis without touching the gums, however great the precaution taken might be. Of course, no physician would administer a drug to the production of its physiological effects when its therapeutical effects could be produced by much smaller doses. Salivation should be avoided if possible; but some patients were so susceptible to the influence of mercury that even the smallest doses would affect their gums. Further than that, he had treated cases at the Charity Hospital in which the secondary symptoms did not yield until the gums were slightly touched, and he had not seen any harm follow such a manifestation of the physiological effect of the drug.

With reference to the iodide of potassium, his practice was to begin with ten-grain doses. He had seen patients who could not bear five-grain or even three-grain doses; but there were those who could bear much larger doses than ten grains, and whose symptoms would not yield until the larger doses were reached. In cases of rapidly progressing osteitis and periostitis, or other grave manifestations of syphilis, he was not disposed to trifle with the disease by giving small doses of the iodide of potassium, especially when many cases were seen in which it was only when drachm doses were reached that the symptoms began to yield, and then the recovery was rapid. He did not doubt that the prolonged use of large doses might do damage to some of the organs of the body; but it was unnecessary either to resort to them in all cases, or to continue them for a great length of time. Perhaps we had gone to the extreme in using large doses, but he hoped that we should not fall back to the old method of using insufficient doses.

Dr. E. H. M. Sell referred to a case in which iodide of potassium invariably aggravated the symptoms. Iodide of sodium was substituted, and, although administered in

only five-grain doses three times daily, the gummata and other manifestations of syphilis rapidly disappeared. He disapproved of the use of excessive doses of the iodide of potassium.

Dr. Bull, in closing the discussion, said that, in the first place, he had no intention of starting a therapeutical discussion; and secondly, that he did not wish to be understood as underestimating the danger attending the administration of too much mercury and iodide of potassium. For many years he had not produced any marked symptoms of salivation. Nor, on the other hand, should he consider himself guilty of malpractice if he should administer half an ounce of the iodide of potassium three times a day, if such doses were necessary. There were cases which would not yield to small doses, and what had been called excessive doses were necessary to effect a cure.

Granted the existence of sclerosed kidneys, associated with a corresponding change in the liver, *post-mortem* in a syphilitic subject, he believed that the renal change and the condition of the liver were due to the syphilis rather than to the potassium iodide.

The Academy then adjourned.

Seventh Annual Meeting of the Tri-State Medical Society of Kentucky, Indiana and Illinois.

Held in St. Louis, October 25, 26 and 27, 1881.

THERE were about two hundred members present. Three sessions a day were held, and there were no excursions or banquets. The usual welcome address of the Mayor was also omitted, on account of lack of time. Dr. H. C. Fairbrother, on behalf of the Committee of Arrangements, said that these changes from the usual programme of medical society meetings had been made after careful consideration. The delegates were there for a special purpose, and no time should be wasted in complimentary speeches. They came asking and receiving no favors. They were welcome to that for which they paid, and no more.

Dr. Wm. Porter, on behalf of the Committee on Programme spoke in the same vein. The usual banquet had

been left out because it was not the purpose of the gentlemen assembled to spend their time in eating and drinking, but for the purpose of elevating and extending knowledge in the profession they had chosen.

The Society then listened to the

ADDRESS OF THE PRESIDENT.

He spoke of the high aims and duties of the medical profession, and of the help and advantage which societies were in carrying these out. He referred to the Tri-State Society as an illustration, and briefly traced its history and growth. He then introduced the subject of the dangers to society from syphilis, and the method of preventing or lessening these. He offered no positive plan for such prevention, but made a number of suggestions, and finally asked that the subject be discussed by the Society.

At a subsequent session there was a debate upon this address which was quite active, but which resulted in nothing worthy of note.

An excellent paper was read by Dr. F. D. Washburne, of Hillsboro, Ill., on "Medical Orthodoxy." The conclusion was that the only orthodoxy worthy of the acceptance of physicians is the broad-minded acceptance of the good, whatever its source.

A paper on "Pædiatric Practice" was read by Dr. G. Wheeler Jones, of Danville, Ill.

On the second day a paper was read by Dr. Hebar Roberts, of Carbondale, Ill., on the "Use and Abuse of Splints in Fractures above the Elbow." An abuse which the reader enlarged upon, and considered dangerous, was that of making the splint too tight. This was done sometimes in deference to the opinion of the patient, rather than the judgment of the surgeon. In the discussion, the question of how much complete rest ought to be given the broken limb was raised. Some remarks on "Treatment of Fractures of the Radius by the Rubber Bandage" were made by Dr. E. Brock, of St. Louis; and quite an elaborate monograph on "The Treatment of Extrophy of the Bladder" was presented by Dr. Prince, of Jacksonville, Ill.

Dr. J. E. Link, of Terre Haute, Ind., read an article on the "Reformation of Bone," in which he claimed to have been the first to have announced the possibility of such

reformation after exsection. This he did for twenty years in Chicago, and his views were at that time ridiculed.

ABOLITION OF THE ANNUAL VOLUME OF TRANSACTIONS.

Dr. Dickinson, from the Committee on Publication, reported that the committee's conviction was that the cost of publication of the proceedings in a separate volume would be too expensive, and, besides, such a volume would have too small a circulation. Therefore, they believed in conferring with the authors of the papers, and learning from them the medical journal in which they preferred to publish such papers.

After some discussion, a motion was made and carried, that the matter be left discretionary with the committee, provided that the several authors of papers indicate, before going home, their preference, if they entertain any, in regard to the journal in which they would wish them published.

Dr. B. M. Griffin, of Springfield, Ill., read a paper entitled "Headache: Cause and Cure," which covered the subject very completely. He called special attention to headache from eye-strain. In the subsequent discussion, the efficiency of galvanism in treatment was referred to. In the intense headache of cerebral or cerebella disease, Dr. Hughes had found saturating the head with sulphuric ether very satisfactory.

Dr. C. H. Hughes, of St. Louis, read a paper on "Insanity in its Relation to Law." He criticised the present status of the laws regarding insanity, and spoke of the great injustice which legal ignorance had wrought. The chief aim of his paper, however, was to plead for statutory enactments

FORBIDDING MARRIAGE

among those likely to become insane, epileptic, etc.

"There are," he said, "methods humane, and they ought to be made lawful, by which insanity may be abridged, and the great horde of neuropaths that follow, like sick and wounded stragglers of an army, in the march of civilization; methods that would leave no stain of blood on the judiciary, no foul blot of murder on the State's escutcheon.

"The neuropathic diathesis, the insane constitution that breeds its like, and burdens the State with hereditary imbecility, idiocy, insanity, deaf-mutism, and the lesser de-

grees of mental defect, must be made the subject of statutory enactment and enforced law. Sentimentality must yield to fact; the teachings of nature must be heeded and as sternly enforced as her own unerring edicts are. Why should the confirmed drunkard be permitted to beget a race of imbeciles, epileptics, idiots, or criminals? Why should the life-long criminal and pauper be allowed to go on reproducing his defective kind, the lunatic likewise, and all the mentally maimed of whatever degree, especially when by forfeiture of liberty they fall under proper custody of the law?"

The case of Guiteau was discussed, but no judgment pronounced, the speaker concluding with, "Time will tell."

REFLEX CONTRACTION OF CORPORA CAVERNOSA

was the title of a paper by Dr. J. T. Hodgen, of St. Louis. He stated that the cases described in it formed addenda to those described in a paper read by him before the Missouri State Medical Association in 1876. They presented peculiar features, which he had not recognized in any other reported cases.

Dr. Ford thought the cases described by Dr. Hodgen identical in symptoms with those mentioned by Van Buren. But Dr. Hodgen had excelled the latter in giving a correct rationale. He himself had a case of the kind in hand.

Dr. A. B. Bernays presented another case. He mentioned that he had sent the man to a specialist, who dosed him with iron, quinine and strychnine, charged him \$100, turned him loose, and did not cure him. Then Dr. Bernays performed a radical operation for varicocele, and his patient was cured.

Dr. A. G. Williams read a short paper on "Congenital Ptoxis," with a report of a case.

The Secretary read a paper from Dr. E. Walker, of Evansville, Ind., detailing his success in several cases which he had treated with

STATIC ELECTRICITY.

Dr. Hughes spoke very favorably of this form of electrical treatment.

Dr. H. Wardner, Superintendent of the Insane Asylum at Anna, Ill., read a paper on the

CARE OF THE INSANE,

illustrating, by the cases of the burned asylums at Anna and St. Joseph, where it became necessary to erect temporary dwellings, that the cottage system, with out-door recreation and work, is best for the chronic insane, and that these annexes ought to form a part of the asylum. Of course there should be a main building for the more violent.

Dr. Hughes made remarks on the system, which, he said, was practicable as an annex system; but as to dispensing with a main building, that was impracticable.

Dr. Stephens said that no insane asylum should be built higher than three stories. It ought to be spread out on the ground, not upward in the air. He would condemn the St. Louis Asylum, for the reason that there was not room or opportunity for the patients to exercise themselves, especially in out-door work.

Dr. Hughes again spoke on the question. He said that every State asylum should have at least one hundred and sixty acres of land. Two hundred and fifty is the limit of numbers that should be allowed in one building, under the care of one man. A superintendent must be able to recognize each, to keep his family history in memory, and all the minor details. When he loses sight of the personnel of any, he has more under his care than he should have. The objection to the cottage system comes in during inclement weather, when the chapel, lecture-room, exhibition hall, etc., can not be visited. Then the patients become restless and dissatisfied.

Dr. Johnson did not believe in the "palaces" erected for the insane, nor did he believe in gathering all the insane of a State at one point. For the victims of insanity, consequent upon masturbation, he would recommend castration and dismissal.

The elder Dr. Prince referred to the asylums in France. There are four thousand patients in the institution, but they are divided into many departments, under special physicians. As the superintendent is merely business manager, things move well enough.

At the concluding session, the President was instructed to inform the Committee of Arrangements for the next annual meeting that the innovation which had met with such success at this meeting shall be carried out, and

that no banqueting or other entertainment is desired, but that the meeting shall be strictly a business one.

The Society then adjourned, to meet again at Terre Haute, Ind., in September, 1882.

Management of the Shoulders in Labor.

JNO. MORRIS, M. D., of Baltimore, read a paper before the Baltimore Academy of Medicine, November 1, 1881, which we republish from the *Maryland Medical Journal*, November 15, 1881.

Lacerations of the perineum very frequently occur after the safe delivery of the head. This accident has recently occurred to two of my friends in a single week. In both these cases the head had been safely delivered with the forceps. In one of them, indeed, I had myself assisted the gentleman in attendance in delivering the shoulder presenting anteriorly, and yet the perineum was torn to a considerable extent in the delivery of the remaining shoulder. This looks like faulty midwifery, yet we are told by all the authorities on the subject that such instances are of very common occurrence. Any suggestion, therefore, which tends to obviate this unpleasant accident must, it seems to me, have a practical importance.

I have never met with a case of ruptured perineum in my own practice, which embraces two thousand midwifery cases. I do not know whether this is owing to good fortune or to the means which I invariably adopt in all cases which I am called to attend. Of course I have met with slight lacerations of the fourchette, but not of sufficient seriousness to require surgical interference.

In the "Transactions of the Medical and Chirurgical Faculty" for 1877 there will be found an article of the writer on the management of the perineum during labor. In that article I mention the various means necessary to be employed to protect its integrity. I there state that the proper plan is, before the head actually commences to impinge on the soft parts, to pass the finger round the whole surface of the perineum, inside, during the pain, and attenuate the tissues by drawing them downward and backward. This kind of *massage*, so to speak, is of great service in preparing the perineum for the severe strain it is about to undergo. When the pains are of a violently

forcible character it is necessary, of course, to guide the head and control its movements; but if the soft parts be properly prepared in the manner I have suggested, the perineum may be readily slipped under the chin, and the term of the labor thereby greatly shortened. I might now suggest, in addition, the proper management of the glottis and the extension of the left leg at this stage to produce relaxation of the sphincters. The abduction and flexion of the limbs are proper until the soft parts are completely stretched; then the extension of the left leg adds to the safety of the perineum by its relaxation and the increase in the degree of its inclination. These remarks apply more particularly to the management of the head, but they also have a bearing, as you will see hereafter, on the delivery of the shoulders.

A great rest usually takes place after the delivery of the head, particularly in primiparæ. The young obstetrician at this stage awaits anxiously for a renewal of the pains and sees with horror the face of the child becoming livid. Fearful for its safety, he immediately commences to pull on the head forcibly downward and backward. A sudden and violent pain is excited by his efforts; the sphincters contract and the shoulders are suddenly expelled, tearing the perineum in their rapid course. I have seen this occur in the Rotunda Hospital, Dublin, and several times in this city. It is not good practice at any time to draw upon the head. Among other *contretemps*, I have seen the head torn away from the body by futile efforts to deliver the shoulders in this manner. The proper plan after the delivery of the head is to rotate the shoulders in the reverse direction to that taken by the face, so as to bring them into the opposite oblique direction to that of the head. This rotation can be assisted by placing one hand upon the back of the neck and another upon the sternum as the shoulders are about to pass.

The better plan, however, and the one I always adopt in cases of primiparæ, is to deliver each shoulder separately. After the proper rotation of the shoulders, which should be done very gently, I pass two fingers up into the axilla of the arm presenting at the pubis, gently depressing the head in this movement. I then raise the head up toward the abdomen of the mother, and in a like manner deliver the remaining shoulder. The first shoulder should,

if possible, be delivered before the pains re-commence, after the delivery of the head. If I do not succeed with two fingers, I do not hesitate to pass the whole hand and draw down the arm. This is sometimes a little painful to the mother, but it invariably saves the perineum.

The great frequency of rupture of the perineum by the shoulders is due to the fact that they are too often disregarded in the management of the labor. The head being delivered without injury to the soft parts, the accoucheur thinks all difficulty is over; but this is a very great error. The shoulders form abrupt stumpy projections which are very apt to cut the attenuated parts if not properly watched and controlled. I have not, in what I have written, given any attention to the treatment of those cases in which the great size of the shoulders arrests the delivery before the head is born, for the reason that this branch of the subject has been ably treated by a French gentleman, M. Jacquemier, in an excellent paper published some years ago.

I have spoken of the proper management of the glottis as a means of saving the perineum, Tyler Smith is the only author who dwells sufficiently on the importance of this matter. The more outcry the woman makes at the terminal stage of labor—that is when the head and shoulders are about to pass—the better. The extreme dilatation of the glottis adds to the safety of the perineum by the relaxation of the sphincters which it produces. The woman, therefore, should be encouraged to cry out at this crisis. Her very distress seems to be the means devised to save her from future injury.

Unfortunately, in our times, it seems that more pains are taken to look for injuries to the perineum than to guard against them. The whole system of midwifery formerly taught in the schools, has been reversed by modern practice. The gynecologist appears to have taken the place in a great measure of the obstetrician. Women are now turned up and examined immediately after delivery in the search for lesions of the *genitalia*. I was greatly surprised at a meeting of the Obstetrical Section of the Medical and Chirurgical Faculty, last week, to discover that this practice is the unvarying rule of every member who was present.

Diabetes and Affections of the Pancreas.

IN 1877, Lancereaux found that certain forms of diabetes mellitus were associated with lesions of the pancreas. In these cases the malady began suddenly, ran a rapid course, with marked emaciation, polydipsia, polyphagia, and peculiar alvine dejections. Depierre found that various pancreatic lesions may be regarded as causes of this form of glycosuria. These lesions may be primary, or they may be secondary to the presence of calculi, or to the obstruction of the ducts by neoplasms. In these cases there seems to be a complete abrogation of the pancreatic function, and this abolition is indicated by a train of especial symptoms, constituting emaciating diabetes, a form very different from that of ordinary polyuria in its clinical aspect. In the latter there is an initial stage of apparent health which renders the progress of the disease slow and insidious; in pancreatic diabetes, however, in the midst of a general ill health, the first symptoms appear, consisting, usually, in grave intestinal manifestations, vertigo, vomiting, and icterus. These symptoms soon disappear, but leave the patient in a state of extreme debility, and are soon followed by the true symptoms of the disease, which latter may also arise without being preceded by those mentioned. These phenomena are polydipsia, polyphagia, polyuria, and antrophagism; they reach their climax in a few weeks or months, and are very characteristic of this form of glycosuria. Generally there is diarrhea, and the urine contains a large amount of sugar. A frequent complication of this disease is pulmonary phthisis, together with an emaciation of such extreme rapidity that in a few months the patient loses successively his physical, intellectual, and virile powers. To this complete prostration and marasmus are added a hectic fever and symptoms of consumption. The disease generally runs its course in half a year, but it may extend over a year and a half to three years. The fatty, creamy fæces are met with in this malady, but it is to be remembered that they are also to be found in other pathological conditions of the organ. A point of diagnostic value, is the deficient digestion of nitrogenized substances, in cases of atrophy of the pancreas; shreds of undigested muscular tissue are found in the fæces of the patient. Besides the ordinary remedies for diabetes mellitis, pan-

creatine should be administered in these cases, in order to supply the deficiency of pancreatic juice, and thus aid digestion.—*Lo Sperimentale*, April, 1881.

MICROSCOPY.

DEATH OF M. NACHET, THE DISTINGUISHED FRENCH MAKER OF MICROSCOPES.—We are indebted to Mr. J. Mayall, Jr., London, Secretary of the *Royal Microscopical Society*, for the following information, furnished by him to the *London Times* :

"At the last meeting of the Royal Microscopical Society the death was announced of M. Camille Sebastien Nachet, the founder of the well-known firm of opticians, Nachet et Fils, of Paris. Early in life M. Nachet formed a friendship with Chevalier, the eminent optician, of Paris; he took great interest in the construction of optical instruments, particularly microscopes, on which Chevalier was especially engaged. At that date the improved manufacture of various kinds of flint glass by Guinaud (the predecessor of Pfeil), of Paris, gave a great impetus to the improvement of microscopes on the Continent, while engaging the attention of Brewster, Herschel, Goring, Dollond, Bitchard, etc., in England. In 1834 M. Nachet undertook the direction of the microscope department in Chevalier's house, and during six years his skill and ingenuity largely contributed to the reputation of the house. In 1840 he commenced business on his own account, devoting himself particularly to the microscope and the specialties required in ophthalmic surgery. In 1842 he contributed a paper to the *Academie des Sciences* (Tome xiv.), describing the construction of achromatic lenses, in which curves of half a millimetre in radius were utilized. From that date he received encouragement from some of the leading scientific men of Europe, such as Amici, Arago, Milne-Edwards, and later on of Drs. Lebert, Robin, etc., for whom he executed numberless experimental devices. In 1843 he exhibited at the *Academie des Sciences* his *camera lucida*, which is still regarded as one of the best forms of that instrument. In 1844-6, his name figures in the *Comptes rendus* with numerous improvements in the microscope. In 1847 he brought out

his prism for oblique illumination, using the mirror in the axis—the forerunner of a large number of devices in which the total internal reflexion of glass surfaces has been utilized. His son then joined him in partnership, and the firm brought out in rapid succession binocular microscopes, dissecting microscopes, etc., which occupy a prominent place in the popular text-books. M. Nachet's liberality in carrying out the construction of experimental apparatus rendered his house a favorite resort of amateurs of the microscope. For some years past he had ceased to take active part in the business. His death took place in Paris on the 28th ult., in his 83d year."

GLEANINGS.

CONSTITUTIONAL SYPHILIS—SULPHATE OF COPPER.—MM. Aimi, Martin and Oberlin, physicians at St. Lazare, say: We have had the opportunity of treating, since September last, for different syphilitic symptoms, secondary and tertiary, fifteen patients who left the service cured; indeed, we have had twenty-two patients under treatment by this method. The results obtained by sulphate of copper are as satisfactory and as reliable as could be desired. On comparing, in a certain number of females afflicted with the same symptoms, almost alike in every particular, the action of the mercurial salts with that of the cupric salts, that of the latter has appeared to be superior in efficacy and rapidity in nearly every case.

Our patients have borne with the greatest ease this new method of treatment. In one case there commenced at the outset nausea of trifling significance, which did not, however, prevent tolerance from being established in three or four days.

In one case of severe syphilis (ecthyma and rupia, gummy tumors, etc.) in a woman belonging to the service of Dr. Bonrean, with whom the classical treatment had been powerless to modify her condition, the sulphate of copper, given for the first time February 29th last, has brought about rapid and complete cure.

In two or three of our patients we have observed, as a symptom of cupric saturation, a gingivitis similar to that which mercury produces, characterized by a symptom in

every way peculiar to it; that is, a *green line* running along the free border of the gums. We can add that this cupric gingivitis yields to treatment much more rapidly than is usual with mercurial gingivitis, and that in the two or three cases in which we have observed it, it has presented no threatening symptoms, nor is it ever accompanied with fungosities and softening of the mucous membrane.

The innocuousness of treatment seems to us to be easily explained by the small doses of sulphate of copper which we have employed. We have given it internally in solution of distilled water, in doses of four, eight and at most twelve milligrams daily, and externally by means of baths, medicated by twenty grams to the bath.—*L'Abeille Médicale*.—*Nashville Jour. M. and S., July.*

CONCEPTION WITHOUT INTRODUCTION OF THE PENIS.—Authentic cases of impregnation after contact of the male organ merely with external female genitals are so rare that the following history is of interest, if only in a medico-legal aspect. Sippel was called to assist in the delivery of a woman at full term, the husband stating that the genitals had completely grown together, so as to prevent the extrusion of the foetus. On examination the head was found to protrude between the labia-majora during each pain, but was apparently entirely surrounded by a tense fleshy membrane, fully five millimetres in thickness. The waters had been very slowly evacuated; an opening, therefore, must necessarily have existed. After close search this aperture was found in the center of the membrane, and having the size of a lead-pencil. A blunt-pointed bistoury was now introduced, and the fleshy diaphragm divided by a crucial incision, after which the delivery of a living child was easily effected.

On examination, fourteen days post-partum, the site of the hymen was found occupied by four tough fleshy folds, as thick as the little finger, while the vagina and uterus were normal. The condition of the parts in this case was such as to entirely preclude the possibility of the penis having entered the vagina, as, indeed, both husband and wife stated was the case. Not knowing any better, and conception having followed, they had believed that this was the usual method of sexual intercourse. No actual contact between the glans penis and cervix having

occurred, it is evident that the spermatozoa must have penetrated from the vulva into the cavity of the uterus by their inherent active progression.—*Centralblatt für Gynaekologie*, April 30, 1881.

DIFFUSE INFLAMMATION OF THE EXTERNAL AUDITORY CANAL.
—Mr. E. C. Baber, M.B., of Brighton, in a paper on this subject (*British Med. Journal*), states that the disease must be distinguished from the circumscribed variety where small abscesses form in the meatus. In diffuse inflammation the walls of the meatus swell uniformly, so that often the smallest speculum can not be introduced. When the swelling subsides slightly a speculum well flattened at the inner end will show the tympanic membrane recognizable only by its position, the manubrium of the malleus and the light spot being hidden by the thickening, through inflammation of the epidermic layer of the membrane. Free secretion often exudes from the walls of the meatus without any perforation existing in the membrane. It is most important to diagnose this complication in healing this disease. For treatment leeching is useful, and care must be taken that the leeches are applied close to the ear. Incision of the inflamed tissues in the meatus is necessary when the case is severe, with danger of the adjacent bone being affected. An hourly injection of from five to ten drops of a solution of acetate of morphia (sixteen grains to the fluid ounce) greatly relieves the pain. In the chronic stage the surgeon should frequently cleanse the meatus with cotton wool. This is less irritating than the syringe. Glycerine of borax is the best lotion for injection.

THERAPEUTIC VALUE OF MECHANICAL NERVOUS IRRITATION.
—Cederschjold has found (*Schmidt's Jahrbucher*, 1880) that compression of the nerve trunks with the finger tips is a therapeutic measure of much value. In scrivener's cramp, bronchial asthma, certain cases of locomotor ataxia, and tic douloureux, this compression has proven of much value. Compression of the brachial plexus may be produced by surrounding the arm with the fingers, in the axillary region. The sacral plexus may be affected in a similar manner by placing the patient in a semi-recumbent position, with his lower extremities drawn upward, and then pressing deeply into the pelvis. The solar plexus can be affected by pressure between the ensiform carti-

lage and the umbilicus. Cederschjold found that daily irritation of the sciatic and crural nerves was of marked benefit in the fulgurant pains in locomotor ataxia. Dr. McCraith had previously called attention to this means of treatment, and it is one capable of much extension in the treatment of many nervous affections; but it is an open question whether some of the benefits of massage do not depend on the same principle, as there appears to be but little doubt that some of the itinerant quacks who practice "rubbing" have at times markedly benefited certain cases of locomotor ataxia. Cederschjold has used it in certain cases of club foot, with advantage, by strongly irritating the nerve supplying the weakened muscle.

OPERATIVE FIXATION OF MOVABLE KIDNEYS.—Hahn has devised a new operation as a substitute for nephrectomy, in cases where this would be indicated simply by reason of excessive mobility of the kidney. The operation, which has been performed on two patients, may be briefly described as follows: The patient having been placed on the side opposite to that of the affected organ, an incision was carried along the outer border of the corresponding sacrolumbalis muscle from the lower border of the twelfth rib to the crest of the ilium, successively dividing the skin, the latissimus dorsi and the external layer of fascia enveloping the sacrolumbalis. The last named was then drawn toward the median line, after which the quadratus lumborum muscle, and the fibrous layer of the peritoneum were incised. It may be remembered here that, according to Arnold, the kidney is not entirely extraperitoneal, the anterior surface of the viscus being covered by the serous layer, and the posterior surface by the fibrous layer of the peritoneum, so that an incision through the latter does not necessarily involve an opening into the peritoneal cavity. Pressure was now exerted upon the anterior surface of the belly, so as to force the kidney into the wound, to which it was there attached by eight or ten catgut sutures, after which the whole wound was plugged with carbolyzed gauze. There being no reaction, the first dressing was only removed on the fifth day, the subsequent ones at corresponding intervals. In about four weeks the wounds were almost entirely healed, and the kidneys were found firmly fixed in their new location. In both cases, however, a slight degree of mo-

bility could still be detected at a somewhat later period. It would seem advisable, therefore, in future operations to partially strip off the adipose capsule from the posterior surface of the kidney and then to stitch this part of the capsule into the wound; it would also be preferable to fix the kidney as low down as possible, in order to give the organ a firm support, and to prevent any tension upon the seat of fixation during the assumption of the upright posture. Experience teaches that a dislocated kidney creates no disturbance, no matter how low it is placed, so long as it is firmly secured in its new location.—*Centralblatt für Chirurgie*, July 23, 1881.

ECHINOCOCCUS OF THE MAMMARY GLAND.—To the eighteen previously recorded cases of this affection, E. Fischer adds one recently observed by him at the Strasburg clinic. At the age of seventeen the patient first noticed a hard, painless lump, as large as a chestnut, in the right breast. For three years the swelling remained pretty much of the same size, but then it began to grow anew, and gave rise to pains in the diseased part, which radiated into the right axilla, along the shoulder and down the arm. On examination, a tumor as large as an apple was found in the upper and outward part of the mamma about four or five centimeters beyond the nipple. On extirpation, the growth was observed to contain about fifty scolices, some of them grouped in clusters upon a common pedicle. At the same time a second tumor, of the size of a hazel-nut, was removed from the subcutaneous adipose tissue in the posterior axillary line of the left side. Its presence had been noted simultaneously with that of the first tumor. It had grown rapidly until it had attained the size of a pigeon's egg, after which the size had become reduced to its present dimensions. It was held to be an obsolescent echinococcus sac. The immigration of the parasites took place probably about two months before the tumors were first discovered, as at this period the patient had, on several occasions, suffered from gastric disturbances.—*Centralblatt für Chirurgie*, April 30, 1881.

TREATMENT OF GONORRHOÆAL CONJUNCTIVITIS.—One of the main indications consists in removing the pressure which the tense lids exert upon the eyeball, for the occurrence of corneal ulceration and gangrene depends largely upon

the strangulation of vessels, thus produced. Some time ago Critchett relieved the tension and impending corneal danger in a very serious case by splitting the upper lid longitudinally and suturing the edges of the flaps thus formed to the skin of the brows. The procedure fulfills its object, but the risk seems imminent that shrinkage of the flaps may lead to subsequent deformity. The relief of the excessive tension has hence been attempted in another way by Fuchs (*Centralblatt für Augenheilkunde*, July, 1881). He splits the external commissure with the scissors, deepens the incision with a scalpel and prolongs it one centimetre beyond the external orbital rim dividing the soft tissues down to the bone. The upper lid can now be raised easily, the lower lid is kept everted by means of a loop suture until the swelling has subsided. During the operation hemorrhage occurs from the arteria zygomatico-orbitalis, which Fuchs thinks best to favor. The special advantage of the procedure apart from the relief of the pressure is the thorough drainage of the pus. Two cases are given with incipient corneal change, the recovery of which proves the value of the procedure.—*Chicago Medical Review*, October, 1881.

GONORRHOEA.—Dr. A. V. Barnes (*Medical Brief*) has found the following injection, used four or five times after urinating, very valuable in the sub-acute stage of gonorrhea:

R̄	Plumbi acetat,	. . . . .	℥j.
	Zinci acetat,	. . . . .	℥j.
	Morph. acetat,	. . . . .	℥j.
	Acid acetic,	. . . . .	f. ʒss.
	Aquæ,	. . . . .	f. ʒvj. M.

With this he gives, internally:

R̄	Potas. bicarb,	. . . . .	ʒij.
	Tr. columb,	. . . . .	f. ʒv. M.
	Aq. dest,	. . . . .	f. ʒj.

SIG.—Desert-spoonful four or five times daily.

FATAL RESULT FROM THE APPLICATION OF SAYRE'S JACKET.—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebræ. It was restless during the suspension; suddenly the breathing stopped. Immediately trachetomy showed the trachea free down to its bifurcation, but consciousness could not be restored. The breathing was

stertorous, and the child died one and a half hours after the suspension. The autopsy revealed a very marked angular curvature of the spine, and a very large abscess reaching to the mediastinum.—*Proceedings of German Surgical Society; Deutsche Med. Wochenschrift; Maryland Medical Journal.*

DISCOVERY OF THE MICROCOCCUS OF SYPHILIS.—Dr. Aufrecht, of Magdeburg (*Centralblatt für die Med. Wiss.*, No. 13, 1881), announces that he has discovered in syphilitic condylomata a micrococcus, which may be recognized by the following characters: The single cocci are of rather coarse grain; they are generally of the form of diplococci, or two joined together, and the number of these is greater than of the single cocci. They are very seldom in threes. They are stained deeply by fuchsin. He has found them in six cases; but in one, where the condyloma was ulcerated, and in another, where it had been painted with corrosive sublimate, they were very scarce. He, therefore, excludes ulcerated condylomata, or those which have been treated specifically. To obtain the micrococci, the condyloma should be incised with a lancet, and the blood sponged away; then a drop of the serous fluid that follows should be collected on a cover-glass, which is put under a bell-jar for twenty-four hours, to dry. At the end of that time, a drop of a half per mille solution of fuchsin is placed on an object-glass, and the cover-glass is laid on it. The excess of fuchsin is wiped away after two or three minutes, and the object examined with Hartnack's 9A immersion lens. To preserve the object, he puts a little damar varnish around the edge of the cover-glass.—*London Med. Record, June 15th, 1881.*

TREATMENT OF HYDROCELE BY INJECTIONS OF CHLORIDE OF ZINC.—Impressed by the favorable results obtained in the treatment of sebaceous cysts with injections of chloride of zinc, Borck employed this procedure in a case of hydrocele of the spermatic cord, which he had previously tapped several times without permanent benefit. A few drops of five per cent. solution were injected by means of a hypodermic syringe. This caused slight smarting, which lasted but a few minutes. The patient was kept in bed during the succeeding twenty-four hours. For a few days there was moderate sensitiveness on pressure over the hydrocele, but both swelling and pain rapidly sub-

sided, and by the twelfth day the tumor had entirely disappeared, leaving only a slight thickening of the spermatic cord at the side of the injection. Even of this no trace was left after the lapse of about five weeks. Should this method of treatment continue to yield good results in similar cases, Sanger believes that it might be cautiously tried in cases where there is a communication between the sac and the abdominal cavity, perhaps also in desperate cases of ovarian cysts, where a radical operation is, for one reason or another, not permissible.—*Centralblatt für Chirurgie*, July 23, 1881.

TRANSFUSION IN PROFUSE MENORRHAGIA.—Mr. T. Whiteside Hime has performed this operation with success in a sterile married woman, aged thirty-five. Menorrhagia had existed for five years, commencing from fatigue and severe shock during a catamenial period. The anæmia was very marked; the cervix uteri was conical, the os narrow; it was incised and the uterine cavity painted with a strong solution of perchloride of iron, but with little good effect. Mr. Hime drew six ounces of blood from the patient's husband, and, using a special transfuser, introduced the blood through the patient's medio-cephalic vein. During the process her breathing stopped; a drachm of ether was immediately injected subcutaneously, and artificial respiration employed; she rallied, and the transfusion was completed. This was done in November, 1878; since then menstruation has never been excessive. The transfusion was indirect, the blood being first whipped and defibrinated in a warm vessel, then strained into the apparatus, which is double-chambered, so that the blood may be surrounded by hot water. The blood runs, by gravitation, out of the apparatus, through an elastic tube, into the vein. The apparatus is very cheap, and can not easily get out of order.—*British Medical Journal*.

PALLIATIVE TREATMENT OF ANAL FISTULA.—In cases where patients refuse to submit to the forced dilatation of the anus, the most rapid and efficacious means of curing anal fistula, M. Mascarel proposes the following course of treatment, which has often proven successful:

1st. Each day administer an enema of tepid water containing a tablespoonful of glycerine.

2d. After each passage from the bowels introduce into

the same a small roll (meche) of charpie, well spread with the following ointment:

R. Ol. amygdal. dulc., ʒj
 Glycerine, ʒj
 Ung. altheæ, ʒij. M.

3d. Before introducing the charpie into the anus anoint the parts just about with a thick layer of the ointment.

4th. If there is constipation, give daily five centigrams of powdered belladonna root. The fistula is generally cured after three or four weeks of this treatment.—*France Medicale*.

SUCCESSFUL TRANSPLANTATION OF HUMAN BONE.—The *Glasgow Medical Journal* informs us that at the meeting of the Pathological and Clinical Society of that city, April 12th, 1881, Dr. William Macewen showed a patient on whom transplantation of human bone had been performed, whereby over two-thirds of the shaft of the right humerus had been restored. The grafts were taken from six wedges of bone removed from limbs of patients affected with antero-tibial curves, and were reduced to very small fragments previously to insertion. The patient was formerly shown to the Society after the first graft had been completed, when there was a restoration of the upper part of the shaft, to the extent of one inch in length. Now, the shaft was completely restored, and the right humerus only measured one-half inch shorter than the left.

ARTIFICIAL VACCINE LYMPH.—*Mr. F. Lawrence-Hamilton*, 34 Gloucester Terrace, W., London, proposes, says the *Lancet*, to introduce an abundant supply of pure artificial lymph, produced outside the body of living man or living animal, by isolating, and then breeding the vaccine organisms in suitable germ nutritive solutions, which have been previously deprived of all septic and other noxious germs. The publication of the special precautions and physical conditions, which Mr. Lawrence-Hamilton considers necessary to secure safety and success in breeding, and then in employing, the artificial vaccine lymph, as well as the results of inoculating men, cattle and other animals therewith, will be postponed till a subsequent date.—*N. Y. Med. Jour. and Obst. Rev.*, Aug., 1881.

NEURALGIA.—The London *Lancet* says that neuralgia indicates a low or depressed state of vitality, and since

nothing so rapidly exhausts the system as pain that prevents sleep and agonizes both body and mind, it is of first moment that neuralgia incidental to and indicative of a poor and weak state should be promptly placed under treatment, and, as rapidly as may be, controlled.

It is worth while to note this fact because, while the spirit of manliness incites the strong-minded to patient endurance of suffering, it is not wise to suffer the distress caused by this malady, as many do, without seeking relief; for it should not be forgotten that the pain of neuralgia is a warning sign of constitutional danger.

EFFECTS OF EXCISION OF THE SYPHILITIC CHANCRE.—M. Mauriac reports (*Gazette des Hopitaux*, 1881, No. 7, 10, 14) seven carefully recorded cases in which he excised the initial lesion of syphilis. In six, excision was performed at periods varying from sixteen to eighteen days after the appearance of the sore. In the seventh case, the initial lesion was excised about fifty hours after it had been first noticed, and before there was the least trace of glandular enlargement; but in this, as well as in all the others, the operation was unsuccessful in preventing further development of the disease.—*London Medical Record*, June, 1881.

SUGGESTIONS AS TO THE MODE OF USING THE FORCEPS.—*Dr. H. Lowndes* deduces four rules as the result of his experience: 1. Traction should be made in the intervals, instead of during the pains. 2. When traction is not being made, the handles of the forceps should be allowed to lie as far apart as they will. 3. During the pains the handles should be merely gently managed so that they may not be expelled or do hurt. 4. During the passage of the head through the vulva the forceps should be used when necessary as a restraining power during the pains, and labor completed by traction during an interval.—*Brit. Med. Jour.*, July 9th.

I HAVE for over twenty years introduced the forceps into the uterus. The first case was a primipara, aged 22, in labor seventeen hours. The os was not bigger than a crown piece, but dilatable, the brim narrow. The forceps were tried as a last resort before craniotomy. Having applied it, I kept the forefinger of the right hand in the os to watch it and made careful traction with the left, and

succeeded in delivering the woman of a living male child. The mother made a good recovery. I have done so many times since, in common, doubtless, with most practitioners.—Dr. M. Williams, *Brit. Med. Jour.*

POTASSIUM BROMIDE IN ORCHITIS AND INFLAMED BREASTS. —J. Grammer, M. D., says that when consulted in time he finds nothing else necessary either in orchitis or milk-breast but potassium bromide in five-grain doses three times a day, or smaller doses more frequently repeated. In advanced or complicated cases a course of auxiliary measures should be used if only as a precaution or to expedite the cure; but he has never had the bromide to fail him even when used alone. In orchitis a suspensory should always be worn. In some of these cases he has seen the disease held in abeyance for weeks, when the patients would persist in the grossest imprudence in walking and horseback riding. He rarely restricts them in diet. Yet even these cases eventually recovered, without suppuration or atrophy, neither of which results has he seen since he has used this remedy. He has had no opportunity to test it in the metastatic orchitis or mumps, but is sure it will prove as useful here as in the ordinary cases; and though the inflammation is specific he expects to find the remedy efficient in the next epidemic of parotiditis he may meet with.

Dr. Grammer has seen but one case of mammary abscess since he commenced the use of the bromide of potassium for such cases, and that case occurred not long ago. The abscess had already pointed when he first saw it. He opened it and prescribed potassium bromide (two grains) every three hours during the day, and in less than a week her husband reported the patient well. This, however, was not a fair test of the effect of the bromide on a mammary abscess, for there was no infant to complicate or irritate the inflammation. It was to Dr. Grammer a unique instance of the secretion of milk during pregnancy. The woman was four or five months advanced with her fourth child, and she stated that being habitually rather irregular she always recognized her pregnancy by the appearance of milk, the secretion of which thenceforth continued.—*Virginia Med. Monthly.*

CONSTIPATION.—Dr. S. H. Price (*Medical Brief*, March, 1881) says the following combination has never failed to relieve constipation, in his experience, when the person is otherwise healthy:

R _y	Ext. cascara sagrada, fl,	f. ʒj.
	Tr. nuc. vom,	f. ʒij.
	Ext. belladon., fl,	f. ʒss.
	Glycerine,	f. ʒj.

Sig.—Teaspoonful night and morning, as necessary.

He has used this in all ages, from the three weeks infant to the octogenarian, changing dose to suit age.

BOOK NOTICES.

A MANUAL OF OPHTHALMIC PRACTICE. By Henry S. Schell, M. D., Surgeon to Wills' Eye Hospital, and Ophthalmic and Aural Surgeon to the Children's Hospital. With 53 Illustrations. 12mo. Pp. 263. Philadelphia: D. G. Brinton. Cincinnati: R. Clarke & Co.

The object of the writer, in the present work, as he states, has been to state briefly the generally accepted principles of ophthalmology, and to describe those methods of treatment upon which he has become accustomed to rely, from personal experience of their value. It is well adapted to the wants of students. It is of small size; but as nothing is omitted necessary for the full understanding of any subject, students will regard it all the more acceptable in consequence of its not being large. The omissions consist in restricting the allusions to authorities, not entering upon the history of the sciences, and passing by other subjects, that, if treated, would distend the size of the volume, but would add nothing to the practical value of the work.

The work is divided into twenty chapters, in which are treated all those affections of the eye which the general practitioner will be apt to meet. The first chapter is devoted to describing the anatomy and physiology of the eye. In the second chapter are treated the affections of the eyelid, which are discussed in a very lucid and satisfactory manner. In the other chapters are considered at length the disorders of the lachrymal apparatus, disorders of the conjunctiva, affections of the ocular nerves and muscles, diseases of the cornea and sclerotic, of the iris,

choroid, and ciliary body; of the crystalline lens, of the retina and optic nerve, etc. The student and young physician will find the principles involved in the treatment of ophthalmic diseases well explained, so that when left to themselves with actual cases, the difficulties attending upon diagnosing will be greatly removed, and confidence imparted in selecting appropriate remedies. By procuring a small work like this one, and studying it well, it would very often be rendered unnecessary to send cases to a specialist.

LANDMARKS, MEDICAL AND SURGICAL. By Luther Holden, ex-President, Member of Council, and Member of the Court of Examiners of the Royal College of Surgeons of England, etc. Assisted by James Shuter, M. A., Camb. F. R. C. S., Assistant Surgeon to the Royal Free Hospital, late Demonstrator of Physiology, etc. From the Third English Edition. By Wm. Keen, M. D., Prof. of Artistic Anatomy in the Pennsylvania Academy of the Fine Arts, etc. 8vo. Pp. 148.

The object of this small work, as stated in the preface, "is to collect into a compact form the leading landmarks which help practical surgeons in their daily work." By "landmarks" are meant surface-marks, such as lines, eminences, depressions, which are guides to, or indications of, deeper-seated parts. An individual might be a very good anatomist, and yet when called upon to mark out upon the living subject the position of the heart and the several valves at its base; to compress effectually one of the main arteries, and chalk the line of its course, etc., he would find it quite difficult to do so. By means of the instruction afforded in this little volume, it is expected that the medical student who studies it, will become so expert in living anatomy that he can trace upon the living body the precise position of any part.

We will give an illustration by copying from page 84 the "landmarks" of the operation of *Colotomy*. "They are (1) the last rib, of which feel the sloping edge; (2) the crest of the ilium; (3) the outer border of the 'erector spinæ.' The incision should be about three inches long, midway between the rib and the ilium. It should begin at the outer border of the 'erector spinæ,' and should slope downward and outward in the direction of the rib. The edge of the 'quadratus lumborum,' which is

the guide to the colon, is about one inch external to the edge of the 'erector spinæ,' or three full inches from the lumbar spines. The line of the gut is vertical, and runs for a good two inches between the lower border of the kidney and the iliac crest on the left side ; rather less on the right."

THE PHYSICIAN'S CLINICAL RECORD FOR HOSPITAL OR PRIVATE PRACTICE. With Memoranda for Examining Patients, Temperature Charts, etc. Philadelphia: D. G. Brinton. Cincinnati: R. Clarke & Co.

THE PHYSICIAN'S DAILY POCKET RECORD. Comprising a Visiting List, Many Useful Memoranda, Tables, etc. By S. W. Butler, M. D. Sixteenth Year. New and Thoroughly Revised Stereotyped Edition, with Metric Posological Table, etc. Edited by D. G. Brinton, M. D. Philadelphia: Office of Medical and Surgical Reporter. Cincinnati: R. Clarke & Co.

Both of these works proceed from the office of the enterprising *Medical and Surgical Reporter*. The first of the two undoubtedly "fills a want." By means of it, a physician can keep a daily record of the chief symptoms of over a hundred of his principal patients, in a book of small size, quite convenient to be carried around all the time in the pocket. Two pages, facing one another, are designed for a patient. There is a blank space at top for name and address, age and color. On the left-hand page there are perpendicular rulings, leaving space for date, pulse, temperature, a space of double size for "other symptoms—urine, bowels," etc. The right-hand page is entirely blank, without ruled spaces by perpendicular lines. This page is for "Treatment and Remark," which words are printed at the top. At the back part are temperature charts.

The work will be found highly convenient in keeping daily accurate and brief records of important cases. And it facilitates matters in such a way that the time and labor is not felt.

The other work whose title is mentioned is the "Visiting List" first devised by the late Dr. S. W. Butler, and improved by Dr. Brinton. Its main features are similar to those of other visiting lists. It has, like its contemporaries, ruled pages for charging visits, and recording office practice. Also pages for memoranda of births,

deaths, vaccinations, cash accounts, etc., etc. A feature in this list we admire very much is the small amount of reading matter. It is very light and convenient, substantially bound, with good spring clasp. At the front is a perpetual calendar.

A HAND-BOOK OF UTERINE THERAPEUTICS AND OF DISEASES OF WOMEN. By Edward John Tilt, M. D., Past President of the Obstetrical Society of London, etc. Fourth Edition. 8vo. Pp. 328. New York: Wm. Wood & Co. Cincinnati: H. Stacey.

This volume constitutes the eleventh or November number of "Wood's Library of Standard Medical Authors," and it would seem that as the year's issues draw to a close, the better they are. There is no gynecologist, either in England or America, of higher standing than Dr. Tilt. He is the author of a number of works, and they are all held as standard ones.

The work before us will be found to be a very complete work on those diseases of which it treats, and will add very much, indeed, to the value of Wood's Library for the year now closing. By the terms of subscription—twelve volumes, we believe, for fifteen dollars—this work costs subscribers but \$1.25. If published by itself, without reference to its being subscribed for in conjunction with several other works, the price would not be less than five or six dollars. It will thus be seen the great advantage derived in subscribing for "Wood's Library of Standard Medical Authors." There is secured standard works of the greatest value at low prices never heard of before. This mode of publishing medical books will be a great boon to physicians whose limited means do not allow them to spend much for books.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Second American from the Third and Revised English Edition. With Extensive Notes and Additions. By Edward T. Reichert, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With 259 Illustrations. 12mo. Pp. 987. Philadelphia: Henry C. Lea's Son & Co. Cincinnati: R. Clarke & Co.

As a college text-book upon physiology the work be-

fore us is undoubtedly the best publication. Although valuable to the physician as a work of reference and to refresh the memory, it has been more especially prepared for students, and it fulfills their wants as nearly, probably, as any work could be made to. In both England and America it has become exceedingly popular since its publication, and is now *par excellence* the student's text-book in the branch of medicine to which it belongs.

The present edition, which has been prepared with great labor, will, no doubt, add much to the popularity of the work. Numerous changes and additions have been made. The text has not only been carefully revised, but some parts have been rewritten. All recent advances in experimental physiology have been added. The American editor, by his labor, has made the work more thoroughly adapted to the wants of the American student. He has added many details which the author had omitted from premising a knowledge of them by the student, but the absence of which tended to render many parts vague, and proved a serious drawback to the book. Besides adding a good many notes to supply deficiencies, he has introduced a large number of illustrations.

EDITORIAL.

PARTIES who advertise will consult their interests by advertising in a well-established journal—not one just commenced, nor one that has lived out its day of usefulness and is kept alive by occasionally buying up the subscription list of a defunct contemporary. It is better to pay a reasonable sum for space in a journal of large *bona fide* circulation than a very small sum in a journal of scarcely any circulation.

THE MEDICAL NEWS is the cheapest medical journal to advertise in of any medical journal in the West—not because it charges less per page, but because it has the largest circulation. Those who advertise in it usually continue their advertisements so long as they continue to advertise in any journal. In looking over the advertising form it will be observed that not a few of the advertisements have been appearing for years.

We hereby append the post-office law in regard to periodical publications. By noticing it, and keeping it in mind, hard feelings would sometimes be avoided:

UNITED STATES POSTAL LAW.—1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until the payment is made, and collect the whole amount, *whether it be taken from the office or not*. There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it if he takes it out of the post-office. The law proceeds upon the fact that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

As in our last issue, also in this number of the MEDICAL NEWS, we are under the necessity of leaving out considerable matter. A number of communications from writers are deferred to another time. Also a number of book notices have to be omitted. The Microscopical Department is unusually brief, not from any deficiency of material, but because we have not space.

STATE BOARD OF HEALTH.—A bill has been prepared to be presented to the Ohio Legislature this winter for adoption creating a State Board of Health. We had intended to have copied it entire in this number of the NEWS, but want of space prevents. It is a very good one, and we really hope it will pass. The author of it, we understand, is our friend, Dr. R. C. S. Reed, near this city. It is printed at length in the *Ohio Medical Reporter*.

We will mention that it proposed that the Board of Health consists of nine physicians residing in different parts of the State. It is to supervise the health interests of the State. Also attend to the registration of marriages, births, deaths, and all forms of disease prevalent in the State—preparing blank forms for the same.

Section nine we quote at length, as it is especially interesting to physicians:

“Every person proposing to engage or to continue in the practice of medicine in this State shall, within thirty days after the organization of the State Board of Health provided for in this act, present to said Board for verification and record a diploma from a reputable and legally organized medical college, or an affidavit or other satisfactory evidence that the applicant is a graduate in medicine or has been in the continuous practice of medicine in this State, for at least ten years preceding the passage of this act, whereupon the State Board of Health shall give to such applicant a certificate stating the facts as to graduation or continuous practice, to which shall be added the name of the county in which the applicant proposes to locate or is located, which certificate shall be recorded by the County Clerk in a book to be provided by the

County Commissioners, and kept in the office of the County Clerk, and this certificate shall be conclusive evidence of the right of the lawful owner of the same to practice medicine in and from the place designated in said certificate, and without such certificate and record it shall not be lawful for any person to practice medicine in this State. And any one who prescribes, or prescribes and furnishes medicines to the sick for a consideration, shall be held in the meaning of this act as engaged in the practice of medicine."

There are some other features of the bill which we have not space to detail at this time. Nor have we room for any criticisms. What remarks we have to make we will do so at another time.

READING PHYSICIANS.—The *St. Louis Medical and Surgical Journal*, in an editorial article in its December issue, states that, in the Western and Southwestern States, there are a little over 26,000 physicians. From its agents, it learns, that scarcely one-half of these take a medical journal of any kind; and that one-half of those that do take a medical journal of some kind, take only an Eastern publication of the cheapest kind, so cheap, indeed, that the thing will be sent whether it is paid for or not.

This is a most disgraceful exposure of the profession; and if it were not that our own knowledge of medical men tends to confirm the truthfulness of it we would be disposed to controvert its accuracy. The observation of one person is not of much value in consequence of the necessarily narrow limits to which it is confined, and, therefore, we have been disposed to consider the great mass of the profession throughout the country more intelligent than they would be if rated by our experience. Judged from our standpoint of observation, the *Journal* has not exaggerated in its statement.

The profession of medicine is styled one of the *learned professions*. But when we come to contemplate the disgraceful ignorance of a large portion of its members, would it not be more consistent to regard it as one of the *ignorant professions*?—as a mere calling in which not only not any learning is possessed, but not even mediocre intelligence? How astonishing is the consideration that of 26,000 physicians not one-half take a medical journal of any kind; and of those who permit a medical periodi-

cal of some kind to be sent them, one-half pay nothing for it, and, consequently, it is probable that a large portion of them do not read it; for a person will not spend much time on anything that he does not value enough to give anything for it! We are confident that very few have correct notions of the profound ignorance that prevails at the present time among the members of the medical profession.

If the statements of the *St. Louis Medical and Surgical Journal* are correct, and we confess that they are borne out by our observations, a very large number of physicians do not, in their qualifications to practice, fulfill the requirements of the law. The law requires a physician, as it does a mechanic, to possess ordinary skill in the practice of his art, and to be able to bring to bear, in treating his patients, all new and improved means of cure, as they are discovered, or become evolved, in the onward progress of medicine as the result of constant research by laborious investigators. But how can a doctor bring to his patient's aid in recovering from disease the new discoveries that are constantly being made in every department of medicine when he takes no medical journal in which all such are recorded? Almost every day new remedies are found, or old ones put to new uses. Pathologists are continually disclosing facts never before known; new and more accurate observations are being made of diseases. In a thousand ways is progress going on. There is no standstill in this world in anything, and certainly not in medicine. Such being the case no practitioner of medicine can fulfill the requirements of the law, if he is not a constant and industrious reader of the medical literature of the day. If the laity were a little better posted in regard to the remissness of many of the so-called doctors, and understood a little better what was essential on the part of their medical attendants to be properly qualified to practice medicine, we are of the opinion that far more prosecutions would be instituted than are at present.

When the illiteracy of so many practitioners of medicine is considered, and also the extreme ignorance of everything pertaining to medicine, we are almost disposed to scoff at the idea of terming the profession of medicine one of the learned professions; but when we come to consider the qualifications necessary to be possessed by

the true physician, we restrain our disgust. A little reflection shows us that he must be a student of nature in its widest sense. No mere vendor of pills, lotions, potions and nostrums generally is what makes up a physician. A physician is one who holds a higher position than that. He has deeply studied his fellow-man physically and mentally, and has learned from his researches what constitutes health, and in what consists disease. He has industriously studied the causes of disease. He has delved deeply into the mysteries of them, and by means of his discoveries, he has ridden men of much of their debasing superstitions, which for thousands of years had been enslaving their minds. More than any other class of men physicians are natural scientists, for they have more to do with the laws of nature. For in proportion as they are developed does the science of medicine make progress. As progress is made in knowledge of the natural sciences, so progress is made in understanding what pertains to health and disease—how the former is best preserved and the latter warded off.

But we must cut our remarks short, for we did not set out to write an article on the ignorance of the large mass of physicians. Although it is true thousands are woefully ignorant, yet we can state with pride that numbers of the most learned men in the world are medical men. While the ministry has more of general culture, yet in medicine there are far more men of distinguished learning. When compared to men of the legal profession, notwithstanding the woful ignorance among them, physicians have no occasion to blush. Surely the moral tone of the latter is far better than that of the former.

It is alleged, and no doubt with great justness, that the community is largely responsible for the ignorance of physicians; for that the quality of the supply will be in accordance with the demand. When people have progressed themselves so as to require that physicians shall be men of intelligence and learning, before intrusting their lives with them, there will then be raised up an educated class of medical men, and not before. Medical colleges may be assailed and abused for their loose requirements of graduation, but physicians will continue to be ignorant until the community take the matter in hand, and refuse to patronize any but educated men.

"The proper study of mankind is man," says a distin-

guished writer. There is no doubt but that the study of man is the highest study; and as that study belongs to the physician more than to any other person, we will always find among physicians the most learned men, even if there are among them the most ignorant.

SPECIALISTS.—Dr. J. Russell Reynolds, the editor of Reynolds' "System of Medicine," thus speaks of specialists:

"If you ask me what I mean by specialism, I should say: It is a morbid condition of the mind—of physician or surgeon, as the case may be—which shows itself in his regarding every patient who comes under his care as a sufferer from the particular disease which he has studied; of seeing the symptoms only from the point of view which he has assumed, and made quite clear—to himself—and of treating it in a manner which no one like himself understands; and of treating it to the utmost degree of attention, frequency, and specialty of treatment that his patient's patience will endure."

While we are not disposed to view specialists with as much disfavor as Dr. Reynolds, we, nevertheless, consider that there is a tendency to carry specialism too far. The excess of it leads to excessive refinement, if the term be correct, in treating diseases—differentiating where there are really no differences, confusing the nosology of diseases, separating symptoms that belong together in a single disease, and creating new ones. At the present time, there are more diseases of the eye treated in works upon ophthalmology than Cullen supposed the whole body was liable to. As a consequence, medical literature has really become enormous. Books are legion. The diseases of the throat alone have more works published devoted to them than all the diseases of the body had seventy-five years ago.

HYGIENE OF INFANTS.—Dr. J. G. Richardson, of Philadelphia, recently read a paper before the *Committee on Medical Charities* on the subject of the hygiene of infants. We copy a few of his statements:

He remarked that the hygienic care and management of infants might seem to some of minor interest; but when we consider that the great business of each generation upon earth is to produce and nurture its immediate

successor, it becomes obvious that no department of sanitary science surpasses this one in importance. The newborn child has a most sensitive organization, and it is worthy of our best energies to protect its life, foster its growth, and promote its fullest development during the first five years of its existence. Without the best hygienic management of infancy, childhood and youth, and that best adapted to climate, it is not possible to secure a nation of healthy, vigorous minds, in sound, well-developed bodies.

The value of judicious sanitation in infancy was brought before the French International Hygienic Congress held in 1878, in which he participated. The conclusions reached in regard to the minimum mortality of infants were, that in a healthy country, with a cool or temperate climate, any rate of death exceeding 90 or 95 per 1,000 for the first year of life was due to accidental causes, avoidable by hygienic measures, plainly within their power. Also, that the mortality may be further reduced under the best social conditions to 75, or even 70 deaths per 1,000 during the first year of life, a minimum which has actually been attained among the children of the English nobility, and one toward which we in Philadelphia, the "city of healthy homes," should strive to approximate more nearly with each succeeding year.

LACTOPEPTINE.—This preparation has been before the profession for a long time, and scarcely needs any commendation from us. However, as we have frequently experienced very great benefits from its use, we have felt it incumbent upon us to speak of it. It possesses five of the most active agents of digestion in combination with sugar of milk, and it can not be otherwise than that it is a very efficient remedy in quite a number of affections. Those of our readers who wish to study its properties should make application to the New York Pharmacal Association, whose advertisement appears on back of cover, for facts. The company will, no doubt, favor them with the results of the investigations of distinguished gentlemen who have thoroughly examined and made use of Lactopeptine.

PARKE, DAVIS & CO., Detroit, Mich.,

MANUFACTURING CHEMISTS.

Fluid Extracts.

We manufacture a full line of fluid extracts, both official and non-official, making a specialty of the newer additions to the materia medica. By our process, we, as fully as is possible, exhaust the medicinal principles of the drug. By the strictest care taken in the selection of the crude material, and the most approved process of manufacture, operated by the highest skill, we succeed in producing fluid extracts which are unexcelled and rarely equalled for fullness and constancy of strength.

Sugar-Coated Pills, OVIFORM AND ROUND.

Our pills are made entirely by hand, from the purest materials, and are sugar-coated by a method avoiding the use of heat above 90° F., without impairing either their efficacy or solubility.

For solubility, regularity of shape and beauty of finish they are excelled by none.

They are coated while the mass is yet soft, and will remain in same condition for years.

Special formulæ made and coated to order, when desired, in lots of 3,000 or upwards.

Medicated Lozenges.

Lozenges are of use in pharyngeal troubles that yield to ordinary medication. By being slowly dissolved, the medicament they contain is brought into contact with the diseased mucous membranes, and hence a beneficial influence, local as well as general, is exerted. In this respect they are of inestimable value to public speakers, teachers, singers, etc., as they are handy to carry about the person. In certain diseases of children, in worms, dyspepsia, and in cases where it is desirable to carry the remedy about the person (as with travelers), the lozenge is a useful form for a medicament. We manufacture fifty formulæ.

Special formulæ made to order of any desired size, shape, color or flavor, when ordered in quantities of three pounds or more.

Elixirs, Wines and Syrups.

We desire to call the attention of pharmacists to our preparations embraced under this head

Prepared with all the improvements which long practical experience and high medical authority can suggest, we offer them as combining with therapeutical value, agreeableness of taste, and elegance in appearance.

We put them up in pounds, half gallons and demijohns.

N. B.—When ordered simply in "bulk," these articles will be sent in half-gallon bottles. If desired in four-ounce, one or five pound bottles, or in demijohns, please specify.

SPECIALTIES AND SUNDRIES.

Cascara Cordial.
Sanguis Bovinus Exsiccatus.
Liquor Ergotæ Purificatus.
Chlor-Anodyne.
Empty Capsules.
Lactated Pepsine.
Saccharated Pepsine.
Pure Concentrated Pepsine.
Pancreatine.
New Remedies.
Acid, Hydrobromic Solution.
Acid, Salicylic Pure.
Berberina Hydrochlorate (Hydrastin Mur.).
Berberina Phosphate (Hydrastin Phosphate).

Choleate Sodium.
Chem Pure Chloroform.
Chaulmoogra Oil.
Chrysophanic Acid.
Crude Petroleum Mass.
Dialyzed Iron.
Distilled Ext. Witch Hazel.
Dr. Warburg's Tincture.
Ethydene Dichloride.
Elixir Salicylic Acid.
Extract Malt.
Glycerated Dialyzed Iron.
Gurjun Balsam.
Hydrestia (White Alkaloid of Golden Seal).
Menthol.

Monobromated Camphor.
Nitrite Amyl.
Nitrite Amyl Pearls.
Picra's Ammonium.
Pepsine Liquid Concentrated.
Pepsine and Lacto-Phos. Lime Lozenges.
Pure Cold Refined White Norwegian Cod Liver Oil.
Quinine Elixir.
Solution Sclerotic Acid.
Sulpho-Carbolate Sodium.
Syrup Iodide Iron.
Yerba Santa Lozenges,
Etc., Etc., Etc.

CONCENTRATIONS.

Our list of Concentrations comprises the proximate medicinal principles of the several plants named, either combined in the form of a powder, consisting of two or more constituents, or isolated in the form of a powdered alkaloid or resinoid. These are a very eligible form in which to administer medicines, and are highly prized by many. Put up in ounce bottles and bulk.

For Descriptive Circular and Price List of above, send to

Parke, Davis & Co., Detroit, Mich.

BE PARTICULAR TO GET THE GENUINE
Kidder's Saccharated Pepsine.
TAKE NO OTHER.

OUR PEPSINE IS NOT SOLD IN BULK; the only way you can get the genuine is in original packages, as follows:

ONLY STYLES OF KIDDER'S SACCHARATED PEPSINE.

One ounce, four ounce and eight ounce oblong white flint glass bottles, with our name (Kidder & Laird) blown in the bottle, and sixteen ounce round (plain) bottles, all having on them our metallic caps and labels. THESE ONLY STYLES, THE GENUINE, are sold at 35 cents per ounce, in quantities less than a pound, and \$4 50 by the pound.

CALIFORNIA.

SAN FRANCISCO, CAL., Sept. 13th, 1878.
KIDDER & LAIRD:

Gentlemen—I have used Kidder's Saccharated Pepsine in my own family with the most satisfactory results, and consider it one of the best preparations of the kind manufactured. Yours, etc.,
JAMES G. STEELE, Chemist.

SAN FRANCISCO, CAL., July 1st, 1878.

KIDDER & LAIRD:

Gentlemen—We find it very satisfactory, and will always purchase your brand hereafter. Yours, etc.,
LAFORE & KAHN.

CONNECTICUT.

BRIDGEPORT, CONN., July 15th, 1878.

KIDDER & LAIRD:

Gentlemen—The physicians have used it in prescriptions, and think it a valuable preparation, and as good as they ever saw, and will give it the preference in their practice. I have been using Hawley's for the last five or six years. Yours, etc.,
W. & E. SHELTON.

WILLINGTON, CONN., Sept. 29th, 1877.

KIDDER & LAIRD:

Gents—Your elegant preparation of Pepsine has been received. I think it superior to any that I have ever used in my practice. Yours, etc.,
W. L. KELSEY, M. D.

ILLINOIS.

EDGEWOOD, ILL., July 11th, 1878.

KIDDER & LAIRD:

Gentlemen—I find Kidder's Saccharated Pepsine a fine article and very effective in conjunction with other treatments in cases of cholera infantum; would recommend it highly in such cases. Yours, etc.,
JOSEPH HALL, M. D.

MILLSTADT, ILL., June 25th, 1878.

KIDDER & LAIRD:

Gentlemen—I have adopted the use of Kidder's Saccharated Pepsine in preference to any other. It has proved satisfactory in every respect. Yours, etc.,
F. H. KRING.

STANTON, ILL., July 30th, 1878.

KIDDER & LAIRD:

Gentlemen—Please send me one pound of Kidder's Saccharated Pepsine. This makes two and three-quarter pounds. I have used it mostly in prescriptions, and prescribed it in my practice, and find it a reliable article. Yours, etc.,
GEORGE BLEY, M. D.

STONE CREEK, ILL., June 15th, 1878.

KIDDER & LAIRD:

Gentlemen—I gave forty grains, in ten-grain doses, and it acted like a charm; shall use no other. Yours, etc.,
L. HOBIE, M. D.

WELLINGTON, ILL., March 2d, 1878.

KIDDER & LAIRD:

Gentlemen—I shall be glad to avail myself of any other supply when needed. I have tested it, and find it fully up to your representations. Yours respectfully,
DANIEL WESTON.

INDIANA.

GALVESTON, IND., July 5th, 1878.

KIDDER & LAIRD:

Gentlemen—I have given your Kidder's Saccharated Pepsine my careful attention, and find it a splendid preparation. I can recommend it in my practice on account of its good qualities. Yours, etc.,
B. U. LOOP.

INDIANAPOLIS, IND., July 12th, 1878.

KIDDER & LAIRD:

Gentlemen—Have given Kidder's Saccharated Pepsine in a number of cases of dyspepsia; also given it to the physicians in this locality, who were well pleased with the superior quality of it. Yours, etc.,
S. J. HILLMAN, M. D.

Samples and Circulars sent to Druggists or Physicians on application to

KIDDER & LAIRD, 83 John Street, New York.
FOR SALE AT ALL WHOLESALE AND RETAIL DRUGGISTS.

SULLIVAN, IND., July 11th, 1878.

KIDDER & LAIRD:

Gentlemen—I have prescribed your Saccharated Pepsine, and recommended it to several physicians, who have used it and pronounce it a first-class article. Respectfully yours,
H. MALOTT, M. D.

WATERMAN, IND., July 19th, 1878.

KIDDER & LAIRD:

Gentlemen—I have ascertained from three doctors in my neighborhood that your Kidder's Saccharated Pepsine is a better article than some of the more expensive preparations. Yours, etc.,
OLIVER LA TOURETTE.

LOUISIANA.

DELHI, RICHMOND PARK, LA., March 20th, 1878.

KIDDER & LAIRD:

Gents—When in need of Pepsine will always order Kidder's in preference to all others, as I like it best. Yours very respectfully,
E. W. THOMSON.

MANSFIELD, LA., Jan. 31st, 1878.

KIDDER & LAIRD:

Gents—I know it to be an excellent remedy, and shall in future keep it always on hand, both for my practice and myself. Yours respectfully,
R. T. GIBBS, M. D.

MARYLAND.

ANNAPOLIS, June 20th, 1878.

KIDDER & LAIRD:

Gentlemen—Since the reception of your sample of Kidder's Saccharated Pepsine we have used no other. We consider it a first-class preparation. We have never heard anything to the contrary. We shall continue to dispense it unless well-founded objections are made, which we do not fear. We purchase from Messrs. Thomsen & Muth. Yours, etc.,
J. F. PERKINS & BRO.

BALTIMORE, June 19th, 1878.

KIDDER & LAIRD:

Gentlemen—I am using Kidder's Saccharated Pepsine with a great deal of satisfaction. I tested it with Scheffer's, and could not detect the least difference, and, in consequence, have had a number of pounds of yours, purchased from Thomsen & Muth. Yours, etc.,
ISAAC R. BEAM.

BALTIMORE, June 19th, 1878.

KIDDER & LAIRD:

Gentlemen—Your Kidder's Saccharated Pepsine appears to be all you claim for it. I have not bought a grain elsewhere since I commenced using yours. Yours, etc.,
C. A. GOSNELL.

BALTIMORE, MD., June 20th, 1878.

KIDDER & LAIRD:

Gentlemen—Your Kidder's Saccharated Pepsine has given good satisfaction. It is all you claim for it. Will hereafter use none but Kidder's. Yours, etc.,
A. C. HUTHWELKER.

181 LEXINGTON ST., BALTIMORE, MD.

KIDDER & LAIRD:

Gentlemen—Have used Kidder's Saccharated Pepsine for the past year with entire satisfaction. I use no other except specially prescribed. I obtain my supply from Messrs. W. H. Brown & Bro., or Messrs. Thomsen & Muth, Baltimore. Yours, etc.,
H. C. MOORE, M. D.

BALTIMORE, June 21st, 1878.

KIDDER & LAIRD:

Gentlemen—I have used Kidder's Saccharated Pepsine alongside Scheffer's, Boudault's, and others, as ordered, and have no reason to believe yours below the standard. Yours, etc.,
JOHN SCHWARTZ.

CUMBERLAND, MD., Jan. 21st, 1878.

KIDDER & LAIRD:

Dear Sirs—Kidder's Saccharated Pepsine meets every want of the physicians here. Very truly,
J. F. ZACHARIAS.

For Consumption and Wasting Diseases.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing Immediate Increase in FLESH and WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops, contains:

Pure Oil.....	80 m. (drops).	Soda.....	1-3 grains.
Distilled Water.....	35 "	Boric Acid.....	1-4 "
Soluble Pancreatin, 5 grains.		Hyocholeic Acid.....	1-20 "

Dose:—Two teaspoonsful alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "*The Digestion and Assimilation of Fats in the Human Body*," by H. C. Bartlett, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "*Consumption and Wasting Diseases*," by G. Overend Drewry, M. D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

 Copies of these valuable works will be sent free on application.

Hydrated Oil Hydroleine, Water and Oil,

May be described as partially digested oil, which will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreatized or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptom in these cases.

HYDROLEINE is not a patent medicine or a secret preparation; the formula is on every bottle. Can be taken by the most delicate stomach; is immediately assimilated.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its creamlike condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use; certain in result. Tonic; digestive and highly nutritive.

NEW Principle for the Assimilation of FAT

WILLIAM F. KIDDER, Agent for the United States.

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OLDEST HOUSE IN THE WEST!

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MANUFACTURERS AND IMPORTERS OF

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ORTHOPÆDICAL APPLIANCES,

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Our stock comprises a full assortment of Surgical Instruments in all its various branches, and to which we add constantly new inventions, approved of by the profession here and abroad.

Apparatuses for all kinds of human deformities we make with all the latest improvements, as recommended by the best authorities,

An experience of over 40 years as a practical instrument-maker, together with the reputation enjoyed by us for so many years, will serve as a guarantee that all orders will be promptly and satisfactorily executed.

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TOLU
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TRADE MARK REGISTERED.

APPETIZER
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TONIC,
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COUGH CURE
FOR
CROUPS,
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ALL DISEASES
OF THE
THROAT, CHEST
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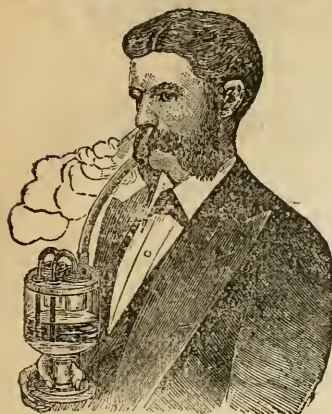
The BALSAAM of TOLU has always been one of the most important weapons wielded by the Medical Faculty against the encroachments of the above Diseases, but has never been so advantageously compounded as in LAWRENCE & MARTIN'S TOLU, ROCK and RYE. Its soothing Balsamic properties afford a diffusive stimulant, appetizer and tonic, to build up the system after the cough has been relieved.

CAUTION! Don't be deceived by dealers who try to palm off Rock and Rye for LAWRENCE & MARTIN'S TOLU, ROCK and RYE—which is the only MEDICATED article made—the genuine has a PRIVATE DIE Proprietary Stamp on each bottle.

Put up in Quart Size Bottles. Price \$1.00.
TOLU, ROCK & RYE CO., Prop'rs,
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Kirkwood's Inhaler.



This is the only complete, reliable and effective inhaler in use, arranged for the direct application of Muriate of Ammonia and other remedial agents in the state of vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

It is entirely different from the various frail, cheap instruments that have been introduced.

KIRKWOOD'S INHALER is accompanied by testimonials of the highest professional character, together with carefully prepared formulas for use.

Retail Price, complete, \$5.00; Small size, \$2.50. A liberal discount allowed to the trade and profession.

For descriptive pamphlets, or other information, address

E. FOUGERA & CO.,

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DOCTOR RABUTEAU'S Dragees, Elixir and Syrup of Iron.

The numerous experiments made by the most distinguished practitioners of our days in France and America have demonstrated that Dr. Rabuteau's preparations of Iron are superior to all other chalybeates in the treatment of *Chlorosis, Anæmia, Debility, Exhaustion, Convalescence, Weakness of Children*, and all diseases caused by a deterioration of the blood.

Dr. Rabuteau's Dragees (sugar coated pills) do not blacken the teeth, and are assimilated by the most delicate stomachs without causing constipation. Dose, 2 morning and evening, at meal time.

Dr. Rabuteau's Elixir is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

Prepared by CLIN & CO., Pharmacists, Paris.

BLANCARD'S PILLS OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made that none other have acquired a so well deserved favor among physicians and pharmacutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Pharmacien, No. 40 Rue Bonaparte, Paris.

without which none are genuine.

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E. SCHEFFER,
APOTHECARY and CHEMIST,
LOUISVILLE, KY.,

Manufactures, by his Improved Method,

SACCHARATED PEPSIN,

Which has proven its superiority over other Pepsins by its greater strength, its stability and uniformity, and by its almost entire tastelessness.

DRY PEPSIN, CONCENTRATED,

Of which one grain digests 150 grains of coagulated albumen. Particularly recommended to manufacturers.

Premiums were awarded to the above preparations at the
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Pure Concentrated Medicine

CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce, avoirdupois, and secured to protect them from the action of the atmosphere.

CONCENTRATED TINCTURES.

Prepared by re-dissolving the "active principles" in alcohol in definite proportions. Put up in bottles of 2ozs., 8ozs., and 1lb.

VACCINE VIRUS.

10 Ivory Points, Cow-Pox Virus, charged on both sides,
 1 Crust, - - -

Sent by mail on receipt on price.

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BY B. KEITH, M. D.

Price, - - -

Fifty Cents.

We will furnish gratis, on application, a copy of our "REVISER'S MANUAL OF THE ACTIVE PRINCIPLES OF INDIGENOUS AND FOREIGN PLANTS," containing short accounts of each preparation, with prices, etc., also Price List. Address all communications to

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In Malted Barley we have an unlimited supply of diastatic power."—W. Roberts, M. D., F. R. S., in *London Practitioner*.

Trommer EXTRACT OF MALT.

OPINIONS OF THE MEDICAL PRESS.

"Using Trommer Extract with excellent results; very serviceable in certain forms of dyspepsia; agrees with the most fastidious stomach."—*Canada Lancet, Toronto*.

"Converts starch into glucose and dextrose rapidly and in large quantity. Seems to be steadily increasing in favor for diseases involving impaired nutrition."—*London Lancet*.

"There are many conditions in infancy, old age and debility, where a physician, once acquainted with the value of this Extract, would be at a loss to replace it."—*Medical and Surgical Reporter, Phila.*

"During convalescence from fevers, in cases of phthisis, in certain forms of dyspepsia, and generally in all cases of malnutrition, we have found it of very great value."—*Ohio Medical Recorder*.

"There are few remedies which, to a greater extent, offer *a priori* grounds for their use. The clinical evidence, too, which has sanctioned the physiological claims of Malt Extract, is abundant."—*Louisville Medical News*.

"Adapted to a wide range of cases requiring supplementary food; acceptable to the stomach; aids digestion; an excellent vehicle for other medicines; and will keep in the hottest climate."—*Medical Journal, Wilmington*

"The Trommer Company has hitherto taken the lead in the introduction of the Extract of Malt. The uniformity and reliable character of this Extract has induced an enormous demand and sale."—*Obstetric Gazette, Cincinnati*.

"Employed with great advantage in the wasting diseases of children, both as a nutrient and to improve digestion."—*Cincinnati Medical News*.

"One of the best of the various preparations of a similar character. Prof. Redwood finds Trommer's Extract has all the power of acting on amylaceous bodies."—*London Chemist and Druggist*.

"Too well known to need commendation. Malt fills a place in the treatment of disease of the utmost utility."—*Courier of Medicine, St. Louis*.

"Has grown so rapidly in favor with the profession that there are few practitioners in Canada who do not regularly prescribe it."—*Canada Medical Record*.

"The Trommer Company was the first to bring prominently before the American profession the virtues of Malt Extract. As a Malt Extract we have no hesitancy in saying that there is no brand in the market its equal in every respect."—*Medical Advance, Detroit*.

"Eminent practitioners, including most of the leading teachers, speak of it in the highest terms. Independently of the obvious merit of the preparation there is in its favor a mass of clinical evidence."—*London Medical Record*

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The Trommer Extract Company is engaged exclusively in the manufacture of Malt Extract, "plain," and in such combinations as have been suggested and approved by some of the most eminent members of the profession in Europe and America. Notwithstanding the large demand, they are enabled, by unremitting personal attention to all the details of the manufacture, to maintain the excellent quality which has established the reputation of their preparations on both sides of the Atlantic.

PARIS, 1867



Prize Medal.

1868.



Silver Medal.

1872.



Gold Medal.

1873, VIENNA.



Medal of Merit.

BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

Since 1854, when Pepsine was first introduced by Messrs. CORVISART and BOUDAULT, Boudault's Pepsine has been the only preparation which has at all times given satisfactory results.

The medals obtained by Boudault's Pepsine at the different exhibitions of 1867, 1868, 1872, and recently at the Vienna Exhibition of 1873, are unquestionable proofs of its excellence.

In order to give physicians an opportunity to judge for themselves, all Boudault's Pepsine will hereafter be accompanied by a circular giving plain directions for testing it. These tests will enable any one to satisfy himself of the superiority of Boudault's Pepsine, which is really the *cheapest*, since its use will not subject physicians and patients alike to disappointment.

CAUTION.—In order to guard against imitations each bottle will hereafter be sealed by a red metallic capsule, bearing the stamp of our trade mark, and secured by a band having a fac-simile of the medals, and the signature of Hottot, the manufacturer.

Is sold in 1 oz., 8 oz., 16 oz., Bottles.

E. FOUGERA & CO., New York,

GENERAL AGENTS FOR THE U. S.

E. FOUGERA & CO.'S

Medicated Globules.

The form of Globules is by far the most convenient as well as the most elegant form for administering liquid preparations or powders of unpleasant taste or odor. The following varieties are now offered :

- Globules of Ether; Chloroform; Oil of Turpentine; Apioi;
- Phosphorated Oil, containing 1-60th grain of Phosphorus;
- Phosphorated Oil, containing 1-30th grain of Phosphorus;
- Tar; Venice Turpentine; Copaiba; Copaiba & Tar;
- Oleo-Resin of Cubebs; Balsam of Peru;
- Oil of Eucalyptus; Cod Liver Oil; Rhubarb;
- Bi-carb. of Soda, Sulph. Quinia, &c.

The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility and hence promptness of action.

They are put up in bottles of 100 each.

For descriptive circulars and samples address,

E. FOUGERA & CO.,

30 North William Street, New York.

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COMPOUND



IODINISED

COD LIVER OIL.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils, sold in Europe or in this market, is due to the addition of IODINE, BROMINE and PHOSPHORUS.

This oil possesses the nourishing properties of Cod Liver Oil, and also the tonic, stimulant and alterative virtues of IODINE, BROMINE and PHOSPHORUS, which are added in such proportion as to render FOUGERA'S COD LIVER OIL FIVE TIMES STRONGER and more efficacious than pure Cod Liver Oil.

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(DAMPNESS SPOILS THEM.)

A most useful, convenient, and economical preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate: easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1, of pure mustard; No. 2, of half mustard. Each kind put up separately, in boxes of 10 plasters. Price, 40 cents.

DIRECTIONS.—Dip the plaster, a minute or two, in cold water, and apply with a band.

FOUGERA'S IODO-FERRO-PHOSPHATED ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principle of anti-scorbutic and aromatic plants, and acts as a *tonic, stimulant, emmenagogue*, and a *powerful regenerator of the blood*. It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron, without the inky taste of Iodide of Iron.

Fougera's Compound Iceland Moss Paste

(Iceland Moss, Lactucarium, Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

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Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M. D., M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable, and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years, and pronounces it a drug of very superior properties in the treatment of *chronic bronchitis*, acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

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"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person, and in every case in which I have employed it, I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above, and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

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